**Grant Funding Initiative Round 9**

**Cover Sheet and Letter of Intent (LOI)**

**LOIs must be submitted by November 15, 2018 at 5:00 PM EST**

**PROJECT PROPOSAL TITLE**

**INDUSTRY PARTNER CONTACT**

**First Name**

**Last Name**

**Position**

**Company**

**Company Website**

**Phone**

**Email**

**Address Line 1**

**Address Line 2**

**City**

**State**

**Zip Code**

**PRIME UNIVERSITY CONTACT**

**First Name**

**Last Name**

**Position**

**Affiliation** Choose a university.

**Phone**

**Email**

**Address Line 1**

**Address Line 2**

**City**

**State**

**Zip Code**

**PARTNER UNIVERSITY CONTACT**

**First Name**

**Last Name**

**Position**

**Affiliation** Choose a university.

**Phone**

**Email** .

**Address Line 1**

**Address Line 2**

**City**

**State**

**Zip Code**

**SECOND PARTNER UNIVERSITY CONTACT (OPTIONAL)**

**First Name**

**Last** **Name**

**Position**

**Affiliation**

**Phone**

**Email**

**Address Line 1**

**Address Line 2**

**City**

**State**

**Zip Code**

**Project Proposal Title**

**Statement of the Problem and Unmet Need.** Provide a brief summary of the problem the technology will address; and the health burden or public health need.

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**Description and Nature of the Project.** Provide a brief overview of the project plan including an analysis of its strengths as well as the gaps and requirements for progressing the idea.

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**Scientific and Clinical Impact.** Explain the novel insight, target, compound, biomarker, screen, assay, or technology and clearly outline the project's potential for translation and impact in life sciences.

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**Intellectual Property.** Provide a summary of existing or planned intellectual property associated with this project.

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**Economic Impact for Virginia.** Describe how this project will create a positive impact for Virginia through increased revenues, job creation, and/or follow on funding.

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**Plan for Commercialization.** Clearly articulate a plan for moving the project from idea into commercialization. Please also provide a description of your project’s regulatory approval status. Has your team had a pre-IND/IDE meeting with the FDA? If not, what are the plans for accomplishing this?

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**Significant Collaboration.** Describe capabilities of each project team member to perform the project; include contact information.

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**Matching Funds.** List the source of the matching funds for the project. Proposals have a matching funding requirement, beginning at 1:1 and rising to up to a 6:1 for major projects.

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**LETTER OF INTENT SUBMISSION**

[ ] I have reviewed Virginia Catalyst funding criteria, proposal process, and award guidelines.

[ ] I have notified the appropriate Grants and Contracts offices at each university involved in this project proposal.

**PROPRIETARY INFORMATION**

**Please note: inclusion of proprietary information in LOIs or full applications is discouraged unless absolutely necessary for evaluation.** When proprietary information is provided, it should be clearly marked and uploaded as an appendix to the proposal. ​

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date 8/13/2018