***Letter of Intent***

***Grant Round 10***

**Letters of Intent must be submitted by July 10, 2019 at 5:00 PM EDT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Title** |  | | |
|  | | | |
| **INDUSTRY PARTNER CONTACT** | | | |
| **First Name** |  | **Address Line 1** |  |
| **Last Name** |  | **Address Line 2** |  |
| **Position** |  | **City** |  |
| **Company** |  | **State** |  |
| **Company Website** |  | **Zip Code** |  |
| **Phone** |  |  |  |
| **Email** |  |  |  |
|  | | | |
| **INVESTIGATOR FROM PRIME UNIVERSITY CONTACT** | | | |
| **First Name** |  | **Address Line 1** |  |
| **Last Name** |  | **Address Line 2** |  |
| **Position** |  | **City** |  |
| **Company** |  | **State** |  |
| **Company Website** |  | **Zip Code** |  |
| **Phone** |  |  |  |
| **Email** |  |  |  |
|  | | | |
| **INVESTIGATOR FROM PARTNER UNIVERSITY CONTACT** | | | |
| **First Name** |  | **Address Line 1** |  |
| **Last Name** |  | **Address Line 2** |  |
| **Position** |  | **City** |  |
| **Company** |  | **State** |  |
| **Company Website** |  | **Zip Code** |  |
| **Phone** |  |  |  |
| **Email** |  |  |  |
|  | | | |
| **ADDITIONAL CONTACT (OPTIONAL)** | | | |
| **First Name** |  | **Address Line 1** |  |
| **Last Name** |  | **Address Line 2** |  |
| **Position** |  | **City** |  |
| **Company** |  | **State** |  |
| **Company Website** |  | **Zip Code** |  |
| **Phone** |  |  |  |
| **Email** |  |  |  |

**Title of Proposal \_\_\_\_**

**Market Need.** Provide a summary of the unmet need and the size of the market in dollars and numbers of patients

|  |
| --- |
|  |

**Proposed Solution.** Provide a description of the product or service to be commercialized to meet the need.

|  |
| --- |
|  |

**Significant Collaboration.** Describe the synergistic compliments of the team members and how they will work together and collaborate to achieve the goals of the project.

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**Matching Funds.** List the source(s) of matching funds (minimum of 1:1 matching fund requirement)

|  |
| --- |
|  |

**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 4/15/2019