

Letter of Intent Grant Round 13

Letters of Intent must be [electronically submitted](#) by March 1, 2022 at 5:00 PM EST

Industry Partner			
First Name		Address Line 1	
Last Name		Address Line 2	
Position		City	
Company		State	
Website		Zip Code	
Phone			
Email			
Investigator from: <input type="checkbox"/> EVMS <input type="checkbox"/> GMU <input type="checkbox"/> ODU <input type="checkbox"/> UVA <input type="checkbox"/> VCU <input type="checkbox"/> VT			
First Name		Address Line 1	
Last Name		Address Line 2	
Position		City	
Phone		State	
Email		Zip Code	
Investigator from: <input type="checkbox"/> EVMS <input type="checkbox"/> GMU <input type="checkbox"/> ODU <input type="checkbox"/> UVA <input type="checkbox"/> VCU <input type="checkbox"/> VT			
First Name		Address Line 1	
Last Name		Address Line 2	
Position		City	
Phone		State	
Email		Zip Code	
Additional Contact (optional)			
First Name		Address Line 1	
Last Name		Address Line 2	
Position		City	
Organization		State	
Phone		Zip Code	
Email			

Title of Proposed Project

Market Need

Provide a brief summary of the unmet need and the size of the market in dollars and numbers of patients

Proposed Solution

The proposed solution is best described as:

therapeutic product manufacturing IP licensing other: _____

Provide a brief description of the product or service to be commercialized to meet the need

Collaborative Team

Industry Partner:

Company name: _____

Company website: _____

Investigators from the following (minimum of two):

- Eastern Virginia Medical School (EVMS)
- George Mason University (GMU)
- Old Dominion University (ODU)
- University of Virginia (VT)
- Virginia Commonwealth University (VCU)
- Virginia Polytechnic Institute and State University (VT)

Additional partners optional:

_____ Organization name: _____

_____ Organization name: _____

Economic Impact for Virginia

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

Matching Funds

Minimum of 1:1 matching fund requirement. [Read matching funds documentation criteria](#)

Amount requested from Virginia Catalyst Grant (\$200,000 - \$800,000): _____

List the source(s) of matching funds:

Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____
	Total: _____

LETTER OF INTENT SUBMISSION

- I have reviewed Virginia Catalyst [funding criteria](#), [proposal process](#), and [award guidelines](#).
- I have notified Grants and Contracts offices at each university involved in this proposal.

PROPRIETARY INFORMATION

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.

Print Name _____

Signature _____

Date 12/7/2021