***Letter of Intent***

***Grant Round 16***

**Letters of Intent must be** [**electronically submitted**](https://www.virginiacatalyst.org/submit-loi.html) **by January 5, 2024 at 5:00 PM EST**

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| ***Industry Partner*** | | | |
| First Name |  | Address Line 1 |  |
| Last Name |  | Address Line 2 |  |
| Position |  | City |  |
| Company |  | State |  |
| Website |  | Zip Code |  |
| Phone |  |  | |
| Email |  |
|  | | | |
| ***Investigator from:***  EVMS  GMU  ODU  UVA  VCU  VT | | | |
| First Name |  | Address Line 1 |  |
| Last Name |  | Address Line 2 |  |
| Position |  | City |  |
| Phone |  | State |  |
| Email |  | Zip Code |  |
|  | | | |
| ***Investigator from:***  EVMS  GMU  ODU  UVA  VCU  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 |  |  | |
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***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](https://www.virginiacatalyst.org/uploads/7/3/8/8/73883877/virginia_catalyst_matching_funds_dec2021.pdf)

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***LETTER OF INTENT SUBMISSION***

I have reviewed Virginia Catalyst [funding criteria](https://www.virginiacatalyst.org/uploads/7/3/8/8/73883877/virginia_catalyst_grant_funding_criteria_dec2021.pdf), [proposal process](https://www.virginiacatalyst.org/apply.html), and [award guidelines](https://www.virginiacatalyst.org/uploads/7/3/8/8/73883877/virginia_catalyst_grant_funding_faq_april2019.pdf).

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 10/31/2023