**VIRGINIA CATALYST**

**FUNDING INITIATIVE ROUND 8**

**LETTER OF INTENT**

**LOIs must be submitted by February 1, 2018 5:00 PM EST**

**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** Click here to enter text.

**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.

Click here to enter text.

**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.

Click here to enter text.

**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.

Click here to enter text.

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

Click here to enter text.

**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.

Click here to enter text.

**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?

Click here to enter text.

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

Click here to enter text.

**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.

Click here to enter text.

**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**

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 12/7/2017