

Office of the Vice Chancellor for Research and Office of  
 Research Development and Administration Technology  
 Transfer Program

**SALUKI CONCEPT FUND (SCF)  
 PROPOSAL APPLICATION**

*Follow instructions carefully.*

**LEAVE BLANK - FOR OVCR/ORDA/TTP/SCF USE ONLY.**

Date Received:

Date Reviewed:

Action of SCF Committee: Date: \_\_\_\_\_

\_\_\_ Approved/Funded

\_\_\_ Directed to Revise &  
Resubmit

\_\_\_ Not Recommended for  
Funding

1. TITLE OF PROPOSED PROJECT:

2. TITLE OF THE INVENTION DISCLOSED TO ORDA/TTP THAT THE PROPOSED PROJECT WOULD ENHANCE/IMPROVE:

3. DATE OF DISCLOSURE OF THE INVENTION TO ORDA/TTP: \_\_\_\_\_

**NOTE: This proposal contains proprietary or confidential information that is the subject to a University Invention Disclosure.**

4. INVESTIGATOR(S)/PROJECT DIRECTOR(S)  Faculty  Non-Faculty Professional Staff  Other (indicate) \_\_\_\_\_

a. PI/PD #1 Name (First, M.I., Last)

d. PI/PD #2 Name (First, M.I., Last)

b. POSITION TITLE/DEPARTMENT/MAILCODE

e. POSITION TITLE/DEPARTMENT/MAILCODE

c. PHONE NUMBER and E-MAIL ADDRESS

f. PHONE NUMBER and E-MAIL ADDRESS

5. INSTITUTIONAL APPROVAL If project involves any of these compliance areas you must apply to the appropriate Committee for approval before the proposal will be reviewed by the SCF Program.

a. HUMAN SUBJECTS

No  
 Yes  
 If Yes, Approved?  Yes  No  
 Pending  
 \_\_\_\_\_ Date Submitted

b. VERTEBRATE ANIMALS

No  
 Yes  
 If Yes, Approved?  Yes  No  
 Pending  
 \_\_\_\_\_ Date Submitted

c. RADIOLOGICAL CONTROL

No  
 Yes  
 If Yes, Approved?  Yes  No  
 Pending  
 \_\_\_\_\_ Date Submitted

d. BIOLOGICAL HAZARD

No  
 Yes  
 If Yes, Approved?  Yes  No  
 Pending  
 \_\_\_\_\_ Date Submitted

6. DATES OF PROPOSED PERIOD OF SUPPORT:  
 From \_\_\_\_\_ Through \_\_\_\_\_

7. FUNDS REQUESTED: \_\_\_\_\_ \$

8. FUNDS REQUESTED FROM OTHER (NON-OVCR) SOURCES IF ANY (LIST AMOUNT AND SOURCE):

I understand that Committee approval of the project does not necessarily ensure funding of the proposed activity. Financial support of the project is contingent upon Committee evaluation and the availability of research funds. I also understand that fiscal support for the project will be allocated by the Office of the Vice Chancellor for Research.

SIGNATURE OF PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S)

DATE

SIGNATURE OF CHAIR/OTHER SUPERVISOR

DATE

SIGNATURE OF DEAN/OTHER SUPERVISOR

DATE

## PROPOSAL DESCRIPTION

**A. Project Executive Summary/Abstract** - A clear, concise description of the goals, methods, and anticipated outcomes of the proposed project. **Maximum 200 words.**

**B. Significance and Impact** - Explain the significance and impact of the proposed project as it can potentially shorten time-to-license or improve viability for the technology to be the basis of a start-up company. This should be clearly stated and include an assessment of the potential value of the invention after project completion versus the current state of the invention.

**C. Deliverables** – Describe the deliverables and provide a detailed month by month timeline for the expected deliverables. For example, scale-up benchmarks may be useful. Timeline should be one year or less (if more than one year is anticipated, please provide a justification).

**D. Market Assessment** – Provide an initial market assessment for the technology. Identify potential licensees or start up company opportunities.

**E. Other Resources** – List resources such as departmental or external funds, contributions from other sources, or other cost sharing that may improve the likelihood of success.

**F. Budget Justification** – Provide a line item budget for requested funds on the attached form and a brief budget justification narrative.