

RESEARCH NORTH DAKOTA APPLICATION

NORTH DAKOTA DEPARTMENT OF COMMERCE

SFN 60452 (1-18)



1. Type of Submission

Research ND Research ND BIO FAST Track Venture Grant Phase Venture Grant Phase II Venture Grant Past III

| | | |
|---|---|----------------|
| Title of Application | | Date Submitted |
| Proposed Project Starting Date (MM/DD/YY) | Proposed Project Ending Date (MM/DD/YY) | |

2. Funding

| | | | |
|-----------------------|-------------------------------|------------------------------|--------------------|
| Requested State Funds | Private Sector Cash to Center | Private Sector Cash Reserved | Total Project Cost |
|-----------------------|-------------------------------|------------------------------|--------------------|

3. Research University

| | | | |
|-----------------|------|-------|----------|
| Name | | | |
| DUNS | EIN | | |
| Mailing Address | City | State | ZIP Code |

4. Principal Investigator (Research University)

| | | | |
|-----------------------------|---------------------------|-------|----------|
| Name | Degree(s) | | |
| Position/Title | Department | | |
| Mailing Address | City | State | ZIP Code |
| Major Subdivision | E-mail Address (required) | | |
| Telephone Number (required) | Fax Number | | |

5. Administrative Official to be Notified if Award is Made

| | | | |
|-----------------------------|------------|-------|----------|
| Name | Degree(s) | | |
| Mailing Address | City | State | ZIP Code |
| Telephone Number (required) | Fax Number | | |
| E-mail (required) | | | |

6. Official Signing for Research University

| | | | |
|-----------------------------|------------|-------|----------|
| Name | Degree(s) | | |
| Mailing Address | City | State | ZIP Code |
| Telephone Number (required) | Fax Number | | |
| E-mail (required) | | | |

APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the Research North Dakota terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

7. Private Sector Partner

| | | | |
|--|------|---|----------|
| Company Name | | | |
| DUNS | | EIN | |
| Mailing Address | City | State | ZIP Code |
| Is the Private Sector Partner registered with the ND Secretary of State's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Does the Private Sector Partner meet the definition of "substantial presence"? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

8. Project Director (Private Sector)

| | | | |
|-----------------------------|---------------------------|-------|----------|
| Name | Degree(s) | | |
| Position/Title | Department | | |
| Mailing Address | City | State | ZIP Code |
| Major Subdivision | E-mail Address (required) | | |
| Telephone Number (required) | Fax Number | | |

9. Official Signing for Private Sector

| | | | |
|--|------------|-------|----------|
| Name | Title | | |
| Mailing Address | City | State | ZIP Code |
| Telephone Number (required) | Fax Number | | |
| E-mail (Required) | | | |
| APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the Research North Dakota terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. | | | |
| Signature | | Date | |

10. Abstract

| |
|--|
| <p>A self-contained description of the project for dissemination to the public. Must not include any proprietary/confidential information.</p> |
|--|

11. Checklist (Research University)

| | |
|--|---|
| Are Human Subjects Involved? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, is the project EXEMPT from Federal Regulations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If EXEMPT, check the appropriate Exemption Number | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 |
| If no EXEMPT, is the IRB Review Pending? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Human Subjects Assurance Number: | |
| Is this a biomedical or behavioral research study involving drugs, treatments, devices, or new ways of using known drugs, treatments or devices? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, will the requested funds be used for a clinical trial? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, which phase? | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV |
| Are vertebrate animals used? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, is UACUC Approval Pending? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Animal Welfare Assurance Number: | |
| Is approval pending for all other required compliance activities (e.g. select agents, export control, radiation safety)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is proprietary/privileged information included in this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, indicate if you have read the instructions for Section 16. Confidential Information, understand the type of information that is covered under N.D.C.C. § 44-04-18.4, and have only included proprietary/privileged information in Section sixteen (16) of the application. | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |

12. Checklist (Private Sector Partner)

| | |
|--|---|
| Has a Private Sector Partner been identified in Section 7 of the application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are Human Subjects Involved? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, is the project EXEMPT from Federal Regulations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If EXEMPT, check the appropriate Exemption Number | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 |
| If no EXEMPT, is the IRB Review Pending? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Human Subjects Assurance Number: | |
| Is this a biomedical or behavioral research study involving drugs, treatments, devices, or new ways of using known drugs, treatments or devices? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, will the requested funds be used for a clinical trial? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, which phase? | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV |
| Are vertebrate animals used? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, is UACUC Approval Pending? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Animal Welfare Assurance Number: | |
| Is approval pending for all other required compliance activities (e.g. select agents, export control, radiation safety)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is proprietary/privileged information included in this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, indicate if you have read the instructions for Section 16. Confidential Information, understand the type of information that is covered under N.D.C.C. § 44-04-18.4, and have only included proprietary/privileged information in Section sixteen (16) of the application. | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Supply Sections 13-16 as a separate Word or PDF file.

13. Project Description

Research ND/Research ND BIO/FAST Track applications should contain the following:

Justification: State concisely the goals of the proposed research and summarize the expected outcome(s). Include the impact that the results of the proposed research will have as it relates to research, development and commercialization of a product or process for the Private Sector Partner (PSP).

List succinctly the specific objectives of the research proposed in this application including milestones. Specific objectives may include but are not limited to: create a novel design, solve a specific problem, challenge an existing paradigm or clinical practice, address a critical barrier to progress in the field, or develop new technology.

The Justification section is limited to one (1) page.

Project Description: A detailed description of the project including: objectives, expected results and techniques. Include in this section a project management plan, including a well-defined milestone chart, schedule, and plan for communication between research university investigators and the PSP. Include information about how each objective relates to the project's significance as outlined in the justification portion of the application.

The project description is limited to eleven (11) pages.

Venture Grant Phase I, II and I/II applications should contain the following:

Executive Summary: One page or less describing the overall objectives, technological developments to date, market needs, and a summary of the expected outcomes of the current proposal.

Project Description: A detailed description of the project including: objectives, expected results and techniques. Include in this section a project management plan with a well-defined milestone chart. Include information about how each objective relates to the project's significance as outlined in the justification portion of the application.

The project description is limited to ten (10) pages.

Market Analysis: The Market Analysis is limited to three (3) pages and should include the following:

1. A frank assessment of the technology's state of development and an estimate of the development time required to reach a 'market ready' technology/product.
2. A review of the competitive landscape comparing the current market with the 'technology' outlined in this proposal.
3. A description of the current need in the marketplace and the anticipated target market. Specific descriptions of the target market and quantitative estimates of the market size are key elements of a compelling proposal.
4. Every new venture will face a unique set of challenges and obstacles to success. A description of the challenges that the business will face in bringing its technology to market will demonstrate an understanding and appreciation for the challenges ahead.
5. A predicted timeframe to the launch of a business and time to profitability.

Results from previous Venture Grant projects (Phases II applications only): If previous Venture Grant funding was awarded to a company, a clear outline of how those funds were effectively used must be included. Specific results backed by quantitative data provide compelling evidence of success.

The Results section should be limited to two (2) pages.

Supply Sections 13-16 as a separate Word or PDF file.

14. Technologic and Economic Impacts to the Private Sector Partner (to be completed by the Private Sector Partner)

Section 14 of the application is subject to open records requests. Do not include proprietary or other confidential information. Describe the expected benefit to North Dakota. Explain how the proposed project will benefit the PSP in the areas of technologic improvements to new or existing products or the expected economic impacts of the project. If necessary to fully explain the technologic or economic impacts of the proposed project, confidential or proprietary information can be included in Section 16 of the application but this is discouraged.

The PSP should describe how they will measure the success of this project. Methods of measuring success may include, but are not limited to: introduction of new products or services, job creation in North Dakota, new businesses or expansion of existing businesses in North Dakota, growth of market share or increase of profits for the PSP (either through new efficiencies or the creation of a new product or service), opportunities for new or existing manufacturers in North Dakota, or other anticipated economic impacts.

The Technologic and Economic Impacts to the PSP is limited to two (2) pages.

15. Technologic and Economic Impacts to the Research University (to be completed by the Research University)

Section 15 of the application is subject to open records requests. Do not include proprietary or other confidential information. The Research University should describe how they will measure the success of this project. These may include developing the university's reputation as a thought leader in a particular discipline, development of IP that is commercialized, real world training for students, or other anticipated economic impacts.

The Technologic and Economic Impacts to the Research University section is limited to two (2) pages.

16. Confidential Information

Patentable ideas, trade secrets, privileged or confidential commercial or financial information, disclosure of which may harm the applicant, should be included in applications only when such information is necessary to convey an understanding of the proposed project. If the application includes such information, it is necessary to include this information only in this section of the application.

If confidential information is included in the application, it is the applicant's responsibility to ensure that such information conforms to the definitions of confidential/proprietary information in N.D.C.C. § 44-04-18.4. The inclusion of materials other than those protected by N.D.C.C. § 44-04-18.4 in this section of the application will negate any protection offered by N.D.C.C. § 44-04-18.4.

If additional lines are needed, provide the budget as a separate document. This page can be duplicated for multi-year projects.

17. Budget

| | | |
|---------------------|--------------|---------------|
| Research University | Budget Year: | Company Name: |
|---------------------|--------------|---------------|

PERSONNEL

| Name, Title | Calendar Months on Project | Monthly Salary | Monthly Fringe Benefits | Funds Requested |
|-------------|----------------------------|----------------|-------------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

EQUIPMENT

| Equipment Description | Funds Requested |
|-----------------------|-----------------|
| | |
| | |
| | |

TRAVEL (Must be related to commercialization goals)

| Destination | Funds Requested |
|-------------|-----------------|
| | |
| | |
| | |

OTHER DIRECT COSTS (Please list company names if "fee for service" items are included in this section)

| Description | Funds Requested |
|-------------|-----------------|
| | |
| | |
| | |

SUBCONTRACTS (May not exceed 30% of requested grant funds)

| Company Name | Funds Requested |
|--------------|-----------------|
| | |
| | |
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| | |
|-------|--|
| TOTAL | |
|-------|--|

If additional lines are needed, provide the budget as a separate document. This page can be duplicated for multi-year projects.

18. Budget

| | | |
|---|--------------|---------------|
| <input type="checkbox"/> Private Sector Partner | Budget Year: | Company Name: |
|---|--------------|---------------|

PERSONNEL

| Name, Title | Calendar Months on Project | Monthly Salary | Monthly Fringe Benefits | Funds Requested |
|-------------|----------------------------|----------------|-------------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

EQUIPMENT

| Equipment Description | Funds Requested |
|-----------------------|-----------------|
| | |
| | |
| | |

TRAVEL (Must be related to commercialization goals)

| Destination | Funds Requested |
|-------------|-----------------|
| | |
| | |
| | |

OTHER DIRECT COSTS (Please list company names if "fee for service" items are included in this section)

| Description | Funds Requested |
|-------------|-----------------|
| | |
| | |
| | |

SUBCONTRACTS (May not exceed 30% of requested grant funds)

| Company Name | Funds Requested |
|--------------|-----------------|
| | |
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| | |

| | |
|--------------|--|
| TOTAL | |
|--------------|--|

19. Research University Budget Justification

Institution/Company Name:

Budget Year:

PERSONNEL

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EQUIPMENT

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TRAVEL

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OTHER DIRECT COSTS

| |
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SUBCONTRACTS

| |
|--|
| |
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20. Private Sector Partner Budget Justification

Institution/Company Name:

Budget Year:

PERSONNEL

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EQUIPMENT

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TRAVEL

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OTHER DIRECT COSTS

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SUBCONTRACTS

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21. Biographical Sketch

| | |
|-----------------------|-----------------|
| Position for Project: | |
| Name: | Position/Title: |

EDUCATION/TRAINING

| Institution | Location | Degree | Date | Field of Study |
|-------------|----------|--------|------|----------------|
| | | | | |
| | | | | |
| | | | | |

EMPLOYMENT

| Dates | Position/Title | Employer | Location |
|-------|----------------|----------|----------|
| | | | |
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PROFESSIONAL MEMBERSHIPS

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SELECTED PEER- REVIEWD PUBLICATIONS

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RESEARCH SUPPORT

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22. Facilities and Equipment

FACILITIES

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EQUIPMENT

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