

University of Houston Division of Research Office of Intellectual Property Management	LEAVE BLANK—FOR OIPM USE ONLY.		
	Type	Activity	ID#
	Review Group		Formerly
	Council/Board (Month, Year)		Date Received
<h2>Technology Gap Fund Application</h2> <p><i>Do not exceed word count restrictions indicated.</i></p>			
1. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR			
1a. NAME (Last, first, middle)		1b. DEGREE(S)	1c. PeopleSoft User ID
1d. POSITION TITLE		1e. MAILING ADDRESS (<i>Street, city, state, zip code</i>)	
1f. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT			
1g. TELEPHONE AND FAX (<i>Area code, number and extension</i>)		1h. E-MAIL ADDRESS:	
TEL:	FAX:		
2. DATES OF PROPOSED PERIOD OF SUPPORT (<i>month, day, year—MM/DD/YY</i>)		3. COSTS REQUESTED FOR BUDGET PERIOD	
From	Through	3a. Direct Costs (\$)	3b. Match Funds (\$)
		OIPM use only	
4a. Intellectual Property Status		4b. Patent Issued	
Non-Provisional filed→	No Yes	No Yes	
Provisional filed →	No Yes	(if Yes, enter number)	
PCT filed →	No Yes		
5. ADMINISTRATIVE CONTACT			
Name			
Title			
Address			
Tel:		FAX:	
E-Mail:			
6. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I accept the obligation to comply with UH 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 OF Principal Investigator NAMED IN 1. (<i>In ink or electronic. "Per" signature not acceptable</i>)	DATE

Program Director/Principal Investigator (Last, First, Middle):

EXECUTIVE SUMMARY: Include Rationale for Why Technology Gap Funding is Required (150 words maximum)

Other Sources of Support: Demonstrate Technology Gap Funds are not a Duplication of other Funding Sources (150 words maximum):

How will the requested funds advance the commercial development of the proposed technology? (150 words maximum)

Discuss the market and competitive landscape for the proposed technology (150 words maximum)

Program Director/Principal Investigator (Last, First, Middle):

SCIENTIFIC/KEY PERSONNEL. See instructions. Use continuation pages as needed to provide the required information in the format shown below. Start with Program Director(s)/Principal Investigator(s). List all other key personnel in alphabetical order, last name first.

Name	PeopleSoft User ID	Organization	Role on Project
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OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project
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PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page)

Project/Performance Site Primary Location			
Organizational Name:			
Street 1:			
Street 2:		Mail Stop:	
City:		County:	State:
Province:	Country:		Zip/Postal Code:
Activity performed at this site (e.g., production):			
Additional Project/Performance Site Location (e.g., prototyping facility)			
Organizational Name:			
Street 1:			
Street 2:		Mail Stop:	
City:		County:	State:
Province:	Country:		Zip/Postal Code:
Activity performed at this site (e.g., production):			

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR BUDGET PERIOD DIRECT COSTS ONLY	FROM	THROUGH
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List PERSONNEL
 Use Cal, Acad, or Summer to Enter Months Devoted to Project
 Enter Dollar Amounts Requested (*omit cents*) for Salary Requested

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	SALARY REQUEST	FRINGE BENEFITS	TOTAL	MATCH FUNDS
	PD/PI							
SUBTOTALS					→			

EQUIPMENT (*List item and dollar amount for each item*)

TRAVEL (*Itemize by domestic or foreign*)

PARTICIPANT SUPPORT
(Itemize by stipend, travel, subsistence or other)

MATERIALS/
 SUPPLIES
(Itemize)

PUBLICATION/DOCUMENTATION?DISSEMINATION (*Itemize by category*)

CONSULTANT SERVICES

OTHER EXPENSES (*Itemize by category*)

SUBTOTAL DIRECT COSTS FOR BUDGET PERIOD	\$
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TOTAL DIRECT COSTS FOR BUDGET PERIOD	\$
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BUDGET JUSTIFICATION. Include Market Space and Competition, Key Milestones & Business Plan Overview (250 words maximum).

MILESTONES AND BUSINESS PLAN OVERVIEW

Describe the major milestones, outline the business plan and describe any licensing or partnering plans (300 words maximum)

CHECKLIST

TYPE OF APPLICATION *(Check all that apply.)*

NEW application. *(This application is being submitted to the OIPM for the first time.)*

RESUBMISSION of Technology Gap Fund project number:
(This application replaces a prior unfunded version of a new, renewal, or revision application.)

RENEWAL of Technology Gap Fund project number:
(This application is to extend a funded Technology Gap Fund project beyond its current project period.)

REVISION to Technology Gap Fund project number:
(This application is for additional funds to supplement a currently funded grant.)