FLORIDA
ATLANTIC
UNIVERSITY

Office of Technology Development
Innovation Pilot Award Program

Application

Instructions

Complete all fields in sections I through VI and sign the application. If a field is not applicable, please state N/A. Send the completed application to OTD at **techdevelop@fau.edu**. OTD will acknowledge receipt of the application via e-mail.

Section I: Project Team

Principal Investigator

Name:

Title:

Department/Center/Institute:

College/Area:

Phone:

E-mail address:

Team Members (List name, title, and email):

Section II: Innovation Description

Project Title:

Background (Explain the problem the innovation addresses):

Innovation (Describe the innovation and the value it provides):

Market (Define the market segment for the innovation and estimate its size):

Customer (Identify the target customer for the innovation and describe their needs):

Competition (List existing solutions and compare them to the innovation):

Work Completed (Detail completed and ongoing work related to the innovation):

Funding Use (Explain how funds would be used if awarded):

External Support (Identify funding or other support used to advance the innovation):

Section III: Commercialization Plan

In a separate document, outline a 12-month project timeline with specific milestones and quantifiable success metrics. Milestones should include activities to advance the innovation towards commercialization such as prototype development, proof of concept tests, intellectual property protection, customer discovery activities, submission of extramural funding applications, engaging industry partners or forming a startup company.

Section IV: Preliminary Budget

In a separate document, provide the total amount of funding requested for the project and estimated costs to achieve each milestone in the Commercialization Plan.

Section V: Compliance Checklist

Human Subjects

Will the project involve human participants, use of data or biomaterials from humans?:

☐ Yes ☐ No

Animal Subjects

Will the project involve live vertebrate animals?

☐ Yes ☐ No

Biosafety

Will the project involve any of the following?:

☐ Infectious Agents

☐ Hazardous Chemicals/ Nano Particles

☐ Human Materials/Cell Lines/ Blood/ Body Parts

☐ Recombinant DNA/ Synthetic Nucleic Acid Molecules

☐ Biological Toxins/ Select Agents

Other Environmental Health and Safety

Will the project involve any of the following?:

☐ Radioactive Materials

☐ Field Work

☐ Diving

☐ X-Rays/Lasers

☐ Boating

☐ Helicopters/Airplanes/ Drones

Export Control

Will the project involve foreign collaborators or foreign students?	☐ Yes	☐ No
Will any export-controlled information or technology be furnished to the team for use in the project?	☐ Yes	☐ No
Will the team export any technology, information, or items as part of the project?	☐ Yes	☐ No
Will any team members travel to a foreign country as part of the project?	☐ Yes	☐ No
Are any team members participants in a foreign talent recruitment program?	☐ Yes	☐ No

Terms and Conditions

Has the team reviewed the Innovation Pilot Award Program terms and conditions?	☐ Yes	☐ No

Section VI: Application Certification

I certify that the information provided in this application is true and accurate to the best of my knowledge and I agree to the Innovation Pilot Award Program terms and conditions.

By: _____

Name: _____

Date: _____