SCIENCE TRANSLATION AND INNOVATIVE RESEARCH (STAIR^{TM})* GRANT PROGRAM

FY 2021-2022

Please refer to the program RFP and Detailed Application Instructions, available on the Venture Catalyst proof-of-concept programs website at https://itc.ucdavis.edu/proof-of-concept-program/ **Important:** *Save this form to your computer before entering information, then save the document again and check that the information was captured. See "Detailed Application Instructions" for more information.*

Section 1: Project Overview

Project Title:

Check mark Impact Area as appropriate for your proposal:

Human Health

Animal Health

Environmental Health and Sustainability

Food, Agricultural Systems and Nutrition

Computing, Electronics and Information Systems

Summary of project (100 words or less):

Brief description of commercial potential and/or market application (200 words or less):

Section 2: Principal Investigator(s) (PI) and Key Personnel

Principal Investigator (PI) and Title:

Department, Center, Institute, or equivalent: Phone (use format "1234567890"):

_____

Employment status (e.g., faculty, % time appointment):   Email:

_____

List of Joint Appointment(s), if any, at other Institutions:

_____

_____

Co-Principal Investigator, if any:

Name and Title:

_____

Department, Center, Institute, or equivalent: Phone (use format "1234567890"):

_____

Employment status (e.g., faculty, post-doc, grad student, staff):   Email:

_____

Other key personnel on the project (Name, Title, Department/Center/Institute, etc.):

1

2

3

4

5

Section 3: Status of Intellectual Property (IP) related to project

Is the technology being addressed in the proposed project already covered by a patent or patent application?
(Enter "Yes" or "No") _____

If No, have you participated in a Pre-Application Meeting with Innovation*Access*? Enter Yes or No.

_____   Enter date of meeting: _____

_____

Name of Innovation*Access* representative:
_____   _____

Section 4: Project costs and time frame

Proposed Project Start Date: _____   Proposed Project End Date: _____

Project funding requested (in $): _____

Section 5: Research Plan

Proposal narrative may not exceed three (3) pages in length (a fourth page may additionally be utilized solely for supporting figures, images, or charts). The minimum font size is 11 point (Calibri, Arial, or Times New Roman fonts are acceptable fonts) and the minimum margin size is 0.75 inch on all sides. Include the Principal Investigator's name in the upper right-hand corner of each page. The Project Narrative should adequately cover all areas identified in the Review Criteria described in the RFP.

Upload the proposal narrative file as a pdf document to the STAIR Grant page on the UC Davis InfoReady platform.

Section 6: Budget, Timeline & Program Milestones

Please provide a clearly articulated budget / justification, how the funds will be used, project timeline and quarterly milestones expected to be achieved with respect to demonstrating commercial feasibility, proof of concept or other program objectives. Include PI's name in upper right-hand corner. **Upload this document as a pdf file to the STAIR Grant page on the UC Davis InfoReady platform.**

Section 7: Biographical Sketch

Attach a short biographical sketch (preferably two pages or less) for the PI, co-PI (if applicable) and any other key personnel (those individuals listed in Section 2, who are required for the successful completion of the project). An NSF or NIH biographical sketch will suffice if a shorter one is not available. **Upload this document as a pdf file to the STAIR Grant page on the UC Davis InfoReady platform.**

Section 8: Signature / Certification

I certify that this proposal meets STAIR Grant eligibility requirements, and that the research proposed in this application is not the subject of or covered by existing research funding or other financial support. Further, I understand that STAIR Grant funds must only be used for allowable costs (outlined in the "Allowable Costs" section of the RFP), and that my department would be responsible for any expenses deemed ineligible. Finally, I and /or the following member(s) of the project team intend to participate in a structured entrepreneurial training program approved by Venture Catalyst, or have previously participated in an approved program.

Principal Investigator: _____

PI Signature: _____   Date: _____

Co-Principal Investigator: _____

Co-PI Signature: _____   Date: _____

☐ PI acknowledges that, if the project is funded, the PI/co-PI and key personnel (including any students involved in the project) will attend a structured entrepreneurial training program approved by Venture Catalyst if they have not already done so.

Names of Key Personnel who have participated, or intend to participate, in a structured entrepreneurial training program approved by Venture Catalyst:

_____

By signing this document, the department chair certifies that he or she has reviewed STAIR Grant program requirements (including allowable costs), has reviewed the proposal, and acknowledges that ineligible expenses will be the department's responsibility, per the "Allowable Costs" section of the STAIR Grant RFP.

Department Chair: _____

Chair Signature: _____   Date: _____