# **OFFICE OF THE VICE CHANCELLOR FOR**

### RESEARCH AND DEVELOPMENT

# **University of the Philippines Diliman**

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### APPLICATION FOR TECHNOLOGY TRANSFER GRANTS

**ABOUT THE PROJECT**

|  |  |
| --- | --- |
| **Project Title:** |  |
|  |
| **Title of IP:** |  |
| **Disclosure****Ref. No.:** |  |  |
|  *To be filled in by UPD-TTBDO* |
| **Type of Grant:** | [ ] Market Validation [ ] Business Model/Plan [ ] Prototyping & Scale-up |
| **Duration:** |  | month/s | **Proposed Budget:** | PHP |  |

 **ABOUT THE PROPONENT / PROJECT LEADER**

|  |  |
| --- | --- |
| **Last Name:** |  |
| **First Name:** |  |
| **Middle Name:** |  |
| **Residence Address:** |  |
|  |
| **Contact No/s.:** |  |
| **E-mail Address/es:** |  |
| **Position:** |  | **Rank:** |  |
| **Nature of Appointment:** | [ ] Permanent | [ ] Temporary |
| **College/Unit:** |  | **Department:** |  |
| **Highest Educational Attainment:** |  |
| **Available for interview at OVCRD if required?** | [ ] Yes | [ ] No | [ ] Uncertain |
| *Note: An interview may be used in the assessment of a proposal. It does not guarantee approval of the request for funding.* |

### PROPOSAL

**PART 1. ABOUT THE INTELLECTUAL PROPERTY**

* 1. **Project Title**
	2. **Abstract**

This is a brief summary that reflects the contents of the proposal, intelligible to the lay reader, and not more than 1,000 characters.

* 1. **Keywords to Describe the Project** (maximum of 5)
	2. **Details of the Intellectual Property**

This part discusses more about the IP which will be the subject of the grant.

1. **Title of the IP**
2. **Brief Description of the IP**
* Describe what the IP does and how it works.
* Describe why the current IP is different from existing IP such as products, processes, or technologies.
1. **Uses of the IP**
* Identify the uses of the IP, in particular, its market potential and use for the public/society.
1. **Type of IP Protection**
* Identify the type of IPR/s applied (or with ongoing application) for the IP that is planned for technology transfer.
1. **Technology Readiness Level (for Invention/s)**
* Choose the appropriate level of technology readiness from the table below. Provide details supporting the TRL (e.g. “a lab-scale prototype was developed under a University-funded grant”)
* For creative works and non-invention IPs, describe how commercially ready the work is.

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| **TRL** | **Description** |
| **0** | **Idea.** Unproven concept, no testing has been performed. |
| **1** | **Basic research.** Principles postulated and observed but no experimental proof of value |
| **2** | **Technology formulation.** Concept and application have been formulated. |
| **3** | **Applied research.** First laboratory tests completed; proof of concept. |
| **4** | **Small scale prototype** built in a laboratory environment (“ugly” prototype). |
| **5** | **Large scale prototype** tested in intended environment. |
| **6** | **Prototype system** tested in intended environment close to expected performance. |
| **7** | **Demonstration system** operating in operational environment at pre-commercial scale |
| **8** | **First of a kind commercial system.** Manufacturing issues solved. |
| **9** | **Full commercial application,** technology available for customers. |

*Source: European Commission*

1. **Future Plans for the IP**
* Discuss the prospects of the Proponent for the IP. Are there plans for further R&D? With whom? Are there plans to commercialize or license?
1. **Funding Agency/ies**
* Identify the source/s of funding for the development of the IP to its current form.
* Funding for further development may also be indicated.
* Include collaborators, whether or not funding was provided.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Funding Organization | Fund Source Classification\*  | Amount approved/ Amount applied for | Part of study/LIB funded  | Other forms of assistance | Period of funding |
|  |  |  |  |  |  |
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# \*UPD, UPSys, Gov't, DOST Councils, Foreign, Others

* Please provide a draft/copy of existing MOA with funding agencies for review of IP ownership.

##### PART 2. DETAILS OF THE PROPOSAL

* 1. **Objectives of the Project**
* Identify the specific expected outputs based on the guidelines.

# **Methodology**

* Provide a clear description of the Methodology to attain the objectives.

# **Workplan and Schedule of Activities**

* Enumerate the critical activities to be undertaken for every major phase and specify expected outputs for each activity.
* Use a Gantt Chart.
	1. **Proposed Budget**
* The grant may be utilized for the following Maintenance and Other Operating Expenses (MOOE):
	+ Other services under MOOE such as Project Leader honoraria and other project staff salaries (honoraria/salaries shall follow UP rates and COA guidelines; these shall be taxable); and
	+ MOOE such as supplies and materials, meals, transportation and travel expenses, equipment rental, sundry (reproduction, communication, internet services), and honoraria for non-UP personnel (such as consultants) to be hired or for validators to be consulted for the project.
	+ For Market Validation and Prototype and Scale-up Grants, CO such as small laboratory machine, audio-visual equipment, and office machine necessary in fulfilling the projects under said categories.

|  |  |  |
| --- | --- | --- |
| Item (MOOE) | Unit cost | Total |
| Project Leader honorarium |  |  |
| Project Staff salary |  |  |
| Professional Expenses |  |  |
| Supplies and materials |  |  |
| Sundry |  |  |
| Sub-Total |  |  |
| Item (CO) |  |  |
| Equipment 1 |  |  |
| Equipment 2 |  |  |
| Sub-Total |  |  |
| TOTAL |  |  |

# **Cooperating Agencies**

* Are you applying for or receiving support for the same IP from any other source, *for the same purpose*, including incubation assistance? If yes, supply information on the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Funding Organization | Fund Source Classification\*  | Amount approved/ Amount applied for | Part of study/LIB funded  | Other forms of assistance | Period of funding |
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# \*UPD, UPSys, Gov't, DOST Councils, Foreign, Others

* Please provide a draft/copy of existing MOA with cooperating agencies for review of IP ownership.

# **Track Record of the Proponent**

* Attach updated curriculum vitae.
* List all research/creative projects undertaken in the last 5 years.

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| --- | --- | --- | --- |
| Project Title | Year Implemented, Funding Agency, Amount of Funding | Outputs generated from Project | Work Cited (at most three) |
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**PART 3. CERTIFICATION**

# I certify that all information/data in this proposal are true to the best of my knowledge. I understand and agree that the OVCRD will keep all the documents I submitted in connection with my application for a Technology Transfer Grant, whether the application is approved for funding or not.

# **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Proponent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**PART 4. ENDORSEMENTS**

I certify that I have reviewed this Technology Transfer Grant Proposal for the Intellectual Property “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_” / Project entitled “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_” and I am recommending it for funding. The proponent has the required capability/expertise to undertake and complete the proposed project. The advancement of this IP in terms of Technology Readiness Level will contribute to the development of the IP towards its utilization.

Furthermore, considering the overall academic track record and other ongoing commitments of the proponent, I have the highest confidence that the proponent can finish the project within the proposed duration.

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|  |  |  |  |  |
|  | Department Chair/Director |  | College Dean |  |
|  |  |  |  |  |
|  | Date |  | Date |  |