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| **Applicant’s name**  *(last, first name)* |  |
| **Research Proposal Title** |  |
| **Organization’s name** |  |
| **Contact Information**  *(address, email address, work phone)* |  |
| **Principal Researcher’s name** |  |
| **Principal Researcher’s position** |  |
| **Brief Biography of the Principal Researcher** |  |

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| **Areas of Interest**  *(Select only ONE)* | * WWDA/LCI * Oncology * Neuroscience * Infectious Disease and Vaccine |
| **What issue can your technology address?**  *(select one area and describe briefly how/what)* | Example: Baby / Infant Health - Proprietary new non-invasive diagnostic device technology, called “XXXXXX”, which can be applied to predict future food allergy in babies / infants before appearing symptom |
| **Abstract**  *(non-confidential) within 400 words* | No template. Please upload as a PDF file. |

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| **Background / Development State of Your Technology**  *(non-confidential) within 1000 words* | No template. Please upload as a PDF file.  *Please include the information below:*   * *Background of your research and achievement;* * *If any, related articles which you have published;* * *If any, related patent publication (published or pending). Please note that any confidential information that could affect the patentability of the invention should not be submitted;* * *Differentiation characteristics of your technology from existing technologies vis-à-vis competitors;* * *Please indicate whether you have any existing research collaboration(s) with partners or have obtained any grant funding for development of your technology* |

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| **Proposed Budget Plan**  *(including overhead/indirect costs)* | USD per year x 3 years = Total USD |
| **Milestones and Proposed Output at completion** | * Milestone 1:XXXX by approximate date * Milestone 2: XXXX by approximate date * Proposed Output: XXXX by approximate date |