



**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](mailto: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
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## 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: