

SAMPLE

Commonwealth Research Commercialization Fund (CRCF)

SBIR and STTR MATCHING FUNDS PROGRAMS

(Applications are identical for both programs)

PRINCIPAL INVESTIGATOR	
Salutation* <i>(Select one)</i>	Mr., Ms., or Dr.
First Name	Auto-populated <i>(not modifiable)</i>
Last Name	Auto-populated <i>(not modifiable)</i>
Job Title	Auto-populated <i>(not modifiable)</i>
Organization	Enter your organization name if different from that of the applicant organization.
Department	
Address*	Provide a physical address; no P.O. boxes.
City*	
State	Virginia <i>(not modifiable)</i>
Zip*	
County*	
Telephone	Auto-populated <i>(not modifiable)</i>
Email Address	Auto-populated <i>(not modifiable)</i>
AUTHORIZED REPRESENTATIVE	
Principal Investigator and Organization's Authorized Representative*	Are the Authorized Representative and the Principal Investigator the same individual? <i>If yes, this section is not required; if no, the remaining fields in this section are required, exclusive of Organization and Department.</i>
Salutation <i>(Select one)</i>	Mr., Ms., or Dr.
First Name	
Last Name	
Job Title	
Organization	Enter your organization name if different from that of the applicant organization.
Department	
Address	Provide a physical address; no P.O. boxes.
City	
State	
Zip	
County	
Telephone	
Email Address	
PROJECT INFORMATION	
CRCF Reference Number	Auto-populated <i>(not modifiable)</i>
Amount of CRCF Funds Requested*	Requests may not exceed \$75,000.
SBIR / STTR Award Amount*	Enter the total amount of the SBIR or STTR award connected to the CRCF project. If a federal award has not yet been made, enter the amount of funds requested.
SBIR / STTR Award Pending? *	Indicate if the award decision on your federal SBIR / STTR application is currently pending (an award has not yet been made).
Additional Matching Funds Amount	The one-to-one match for the SBIR and STTR Matching Funds Programs is fulfilled by the applicant's SBIR or STTR Phase I or II award; additional matching funds may be provided, but are not

*Required field

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	required. Leave this field blank or enter "0" if additional matching funds will not be contributed. If funds will be contributed, confirm that the figure keyed into the application corresponds with your Proposal and Budget documents.
CRCF Program Type	Auto-populated from LOI (<i>not modifiable</i>)
Project Title	Auto-populated from LOI (<i>not modifiable</i>)
Project Summary*	Provide a 1-2 sentence (max) summary of your proposed CRCF project, in layman's terms, that may be used to publically describe your project.
Project Start Date*	(Earliest start date: June 15, 2020) MM/DD/YYYY
Project End Date*	MM/DD/YYYY
Industry Sector	Auto-populated from LOI (<i>not modifiable</i>)
Academic IP*	Indicate whether the project is based on IP from a Virginia college or university.
Resubmission?*	Is this project a resubmission of a non-funded proposal from FY2012(13)-19? <i>If yes, field will appear with prompt to enter the CRCF reference number for the most recent <u>non-funded</u> project; this is not the number of the FY2020 project that appears at the top of this section.</i>
Commonwealth Grant Programs*	Have you received an award or do you have a pending application for this technology from VRIF, CHRB, and/or VBHRC / The Catalyst?
Proposal* (PDF format)	Upload Field Save the file with the pre-assigned reference number, using nomenclature: CRCFREF#_Proposal (Example: SBIR20-999-CS_Proposal or STTR20-999-CS_Proposal). Then, upload the completed Proposal in PDF format. When finished, click "Done". Only one (1) file is permitted in this upload field. File size may not exceed 5MB.
Budget* (Microsoft Excel format)	Upload Field Save the file with the pre-assigned reference number, using nomenclature: CRCFREF#_Budget (Example: SBIR20-999-CS_Budget or STTR20-999-CS_Budget). Then, upload the completed Budget in Microsoft Excel format. When finished, click "Done". Only one (1) file is permitted in this upload field. File size may not exceed 5MB.
Appendix* (PDF format)	Upload Field Save the file with the pre-assigned reference number, using nomenclature: CRCFREF#_Appendix (Example: SBIR20-999-CS_Appendix or STTR20-999-CS_Appendix). Then, upload the completed Appendix in PDF format. When finished, click "Done". Only one (1) file is permitted in this upload field. File size may not exceed 5MB.
CERTIFICATION	
Certification*	<i>By submitting this application, the applicant certifies compliance with the eligibility requirements and other conditions outlined in the program Guidelines.</i>
REVIEW AND SUBMIT YOUR APPLICATION	
Please review your application and all uploaded materials. If you are not ready to submit the application at this time, click the "Save Only" button at the bottom of the screen. Clicking "Submit" will automatically send the application to CIT; once submitted, the application may not be modified.	

***Required field**

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***Required field**