



SCHEDULE 2:

PROOF OF CONCEPT APPLICATION FORM: RESPONSE TO CALL FOR PROPOSALS

Information *If more space is needed, please provide on a separate sheet of paper*

Question Number	Question	Answer (please complete)
1	Name(s) of Applicant:	
2	Telephone (Direct):	
3	Contact E-mail address:	
4	Please provide the name of Project	
5	Please briefly describe the current status of your Project	
6	How much funding are you seeking?	AED
7	Please briefly describe what you will use the funding for?	
8	What will be the specific needs addressed by the Project after provision of the funding?	
9	What is the timeframe for your project?	Intended Start Date: Intended Completion Date:
10	Is this Application made: • in your name; or • in the name of your Employer?	
11	Name of Employer	
12	Are the Inventors all Employees of the Organization?	
13	If Yes – Please provide the date that they commenced their Employment.	



14	If No – Please provide details of their current Employer?	
15	Have you applied for support from DED in any form in the past? (Please provide details)	DED Reference Number:
16	Have you collaborated with any third party to develop your Technology? <ul style="list-style-type: none"> • Please name that third party. • Please explain where the research was physically carried out? 	
17	Please name any Key Personnel and/or Principal Investigator with whom you collaborated in the creation or development of your Technology.	
18	Have you filed a patent application for the Technology yet? If so, please provide a copy of the application. Please specify the date that an application for the Technology was first filed	Yes <input type="checkbox"/> No <input type="checkbox"/> Application/Registration Number: Date:
19	What is the current status of the patent application?	
20	Who owns the patent(s)?	
Brief Description of the Technology:		
21	Please give a brief description of your Project :	



PROOF OF CONCEPT APPLICATION FORM: FULL PROPOSAL RESPONSE

Information *If more space is needed, please provide on a separate sheet of paper*

Question Number	Question	Answer (please complete)
1	Name(s) of Commercial Team:	
2	Name(s) of Technical Team:	
3	Telephone (for all individuals referred to above) (Direct):	
4	Contact E-mail address: (for all individuals referred to above)	
5	To the extent not otherwise provided, please indicate the current employer of any of the individuals set out above:	
6	Please provide the name of Project with any reference number provided to you by DED:	
7	How much funding are you seeking (to the extent that this has changed)?	AED
8	Please briefly describe what you will use the funding for (to the extent that this has changed)?	
9	What will be the specific needs addressed by the Project after provision of the funding (to the extent that this has changed)?	
10	What is the timeframe for your project (to the extent that this has changed)?	Intended Start Date: Intended Completion Date:

Brief Description of the Technology:

11	Please give a more detailed summary of your Project and what you intend to use the funding towards. Please explain what you intend to achieve through the use of the funding and how this will be of assistance to this Project.
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APPLICANTS INTENDED APPROACH TO TASKS

Task Number	Explanation of Task (What are the specific activities to be performed?)	Deliverable (What is the output from this Task?)	Timeframe (When will this be achieved by?)	Milestone (What is the tangible Milestone?)	Budget (How much will this cost [AED]?)
1					
2					
3					
4					

APPLICANTS INTENDED BUDGET

	Task 1	Task 2	Task 3	Task 4
Staff Costs				
Charge-out Rate				
Expenses				
Hours to be taken				
Total				



COMMERCIAL QUESTIONS

Information *If more space is needed, please provide on a separate sheet of paper*

Question Number	Question	Answer (please complete)
1	Please describe the benefits of this Technology to a particular product(s) or service(s) and/or industry(s). <i>Please speculate if you wish</i>	
2	Why do you think other people have not used or sold or commercialised Technology the same as or similar to yours before? <i>Please speculate if you wish</i>	
3	To what extent would you like to be directly involved on an ongoing basis to commercialise this Technology?	
4	Has any third party already shown commercial interest in the Technology? If so, please name the third party.	
5	Have any of the Inventors been involved with the commercialisation of any Technology in the past? <i>Please explain and describe that attempt to commercialise.</i>	
6	Please explain and describe your potential customer market <i>Please speculate if you wish</i>	
7	Please estimate the size of your potential customer market. <i>Please use whatever references you consider to be reasonable: eg geographical; financial; number of (potential)users; cost per unit etc.</i>	AED
8	What specific market needs will be addressed by your Technology once it has been completed (as a commercial project)?	
9	Please explain why a customer would want to buy your Technology or something containing your Technology?	
10	Do you have any independent evidence of why a customer would want your Technology or something containing your Technology? If so, what is that evidence?	Intended Start Date: Intended Completion Date:
11	How are the needs that your Technology, or something containing your Technology, currently being fulfilled?	
12	Why will your Technology or something containing your Technology be profitable or commercial to customers/potential licensees and why?	



13	Is it possible to commercialise (license the Technology to a third party) without proof of concept?	
14	Please list the names of the customers/potential licensees that you have identified. Please rank them in the order that you consider to be the most promising.	
15	Have you obtained any letters of endorsement from any customers/potential licensees?	

Declaration:

I confirm that I have read and agree to the Terms.

I understand that in agreeing to the Terms and in seeking Support from DED that I am required to Actively Participate in the provision of Support by DED to me or to my Company or Academic Institute. I understand that DED provides Support free of charge but that my failure to Actively Participate may mean that I am required to make a payment to DED for the Support (as set out in Clause 7 of the Terms).

I also confirm that I understand that I will need to enter into a confidentiality agreement with a third party TTO Expert if I am to receive Support from DED.

[SIGNATURE]

[DETAILS OF EMPLOYER.....]

[SIGNATURE OF EMPLOYER (if relevant).....]

[DATE.....]