

Application Form for Potential Occupants of the Innovations Development Facility (IDF)

Please complete this application to apply for space in the Innovations Development Facility, including participation in the Business Incubator (CoBI) and the Public/Private Partnership (3P) Program. Do not include any confidential information, unless it is clearly marked as confidential. Attach additional sheets as necessary.

Date of Original Application: _____

Review Date(s): _____ (Application will be reviewed and updated at 6 month intervals)

Section I. AFFILIATION WITH IOWA STATE UNIVERSITY

Please list all ISU researchers (faculty, staff, and/or graduate students) that will be affiliated with the research conducted in IDF:

Name: _____

Name: _____

Title: _____

Title: _____

Email: _____

Email: _____

Name: _____

Name: _____

Title: _____

Title: _____

Email: _____

Email: _____

Please describe the type of research and work that you expect to perform at IDF, including an explanation of how your proposed research at IDF relates to any ISU research, and list any ISU resources that will be used:

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Section II. ISURF Technologies

In the research you perform at IDF, will you be utilizing any ISU technologies that have been disclosed to the Office of Intellectual Property and Technology Transfer (OIPTT) and the Iowa State University Research Foundation, Inc. (ISURF)? Yes ___ No ___

If yes, please list ISURF Case #s and/or Patent #s and Titles:

Section III. RESEARCH TO BE PERFORMED AT IDF

A. List the types and pieces of equipment that you expect to locate in IDF (specific brand names if known):

B. List any third party materials and/or patents that you will be utilizing in IDF (please note if you have a license to use these materials for commercial purposes):

C. List any special requirements that you may need if you locate in IDF:

Section IV. Employees

How many employees would work in the IDF space at least ten hours a week? _____

List names (if known): _____

Section V. Business Development

Do you need assistance with a business plan and/or help with writing SBIR/STTR* proposals to obtain research funding? Yes ___ No ___

Section VI. Target Date

What is your target date for occupancy? _____

Section VII. Additional Information

Please include any additional information that should be taken into consideration when reviewing this application form:

*Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR)