**Commercialization Gap Fund**

**Short Submission Form**

(Maximum two (2) pages excluding this one)

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| **Funding Scheme:** | | | **Call:** | | |
|  |  | Midi |  |  | March |
|  |  | Maxi |  |  | September |

|  |  |
| --- | --- |
| **Project Title:** | […] |
| **Applicant(s):** | […] |
| **Group Leader:** | […] |

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| --- |
| **Background and description of the technology or invention**  [Briefly describe the results, software, technology, etc. in need of improvement or proof-of-concept, and their related background. Please indicate whether such results, software or technology have been developed at the CRG only or in collaboration with others, using third parties’ resources that need to be taken into account, etc.] |
| […] |

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| **Usefulness**  [Explain how someone will benefit from your invention. Describe what state of the art is and how your invention will make a change to the end user.] |
| […] |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| How would you rank your invention with regards to customer need? | | | | | | | |
| Unmet need: |  | Significant improvement: |  | Slight improvement: |  | No improvement: |  |

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| **Uniqueness**  [Describe what is unique with your invention; what makes it different from other solutions to the problem?] |
| […] |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| How would you rank your invention with regards to uniqueness? | | | | | | | |
| New concept |  | Significant improvement: |  | Slight improvement: |  | No improvement: |  |

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| **Development Plan**  [Briefly describe and justify the proof-of-concept project, including a preliminary schedule with milestones, timelines and a financial plan in line with the defined milestones and the people and resources needed to implement it. Please refer to your motivation and the way in which you shall actually be involved in the project throughout its term.] |
| […] |