**DSTI/TIA/CSIR API Innovation Cluster**

**APIIC-EOI-01**

**PROPOSAL TEMPLATE**

1. **Summary Proposal Information**

**FOR HIGHER EDUCATION INSTITUTIONS AND SCIENCE COUNCILS**

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| **Lead Applicant** | |
| **Title First Name Surname** |  |
| **ID Number** |  |
| **Organization** |  |
| **Organization Address** |  |
| **E-mail Address** |  |
| **Telephone Number** |  |
| **Gender** |  |
| **Race** |  |
| **Geographic region** |  |
| **Co-Applicant *(if relevant)*** | |
| **Title First Name Surname** |  |
| **ID Number** |  |
| **Organisation** |  |
| **Organisation Address** |  |
| **E-mail Address** |  |
| **Telephone Number** |  |
| **Gender** |  |
| **Race** |  |
| **Geographic region** |  |

**\*** *Attach CVs for the principal investigator on this application*

**OR**

**FOR ENTERPRISES**

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| --- | --- |
| **Enterprise name** |  |
| **CIPC registration number** |  |
| **Contact person(s)** | Name and surname:  Position in enterprise: |
| **Contact details** | Email:  Telephone number:  Physical address of enterprise:  Postal address of enterprise: |

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| **Ownership arrangement** |  | | Demographic | | | Gender | |
| Black | | White | M | F |
| **Directors/members** |  | | Attach CIPC registration certificate | | | | |
| **Years in business** |  | | | | | | |
| **Annual revenue** |  | | | | | | |
| **Number of current employees** | Permanent: |  | | Temporary: | |  | |
| **Applicable industry sector** | *(E.g. speciality chemicals, biopharmaceuticals, veterinary products/technologies, etc.)* | | | | | | |
| **B-BBEE status level** |  | | Attach B-BBEE certificate/ or affidavit | | | | |

**\*** *Attach short CVs (less than one page) for key personnel in your Enterprise*

1. **Project Details**
   1. **Project summary**

*Specify the project you are interested in taking through translational development (i.e., from Technology Readiness Level 3 to 6). What progress has been achieved to date? Indicate if a techno-economic analysis or scalability study has been performed. (1000 words maximum)*

* 1. **Differentiating features**

*What improvements have been made to the process itself? Have these improvements been compared to existing API production processes? How do these improvements enhance competitiveness of the production process? For Enterprises only – also describe the product(s) you wish to manufacture using the process and what differentiates them from competitor products. What is the expected time to market? (500 words maximum)*

* 1. **Market need**

*Specifically describe the market need addressed by your process and the potential market size. Indicate the route to market (identified or already in place). (500 words maximum)*

* 1. **Intellectual property (IP)**

*What is the IP status around the molecule in question? Do you own the process IP or have you licensed it? If so, indicate from whom it has been licensed? (350 words maximum)*

* 1. **Expected outcomes and impact**

*Please indicate the potential social and economic impact of the proposed process development. (350 words maximum)*

1. **Funding**
   1. **Support received to date**

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| --- | --- | --- | --- | --- |
| **Source** *(e.g. TIA, IDC, government, venture capital, incubator support, etc.)* | **Programme** | **Nature of support** *(funding, training, mentorship, etc.)* | **Value of support (if known)** | **Period of support**  **(dates)** |
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* 1. **Support requested and/or received**

*If successful, will you co-fund the project? Please provide details of any other funding applied for or co-funding currently available for translational development activities (both source and amount).*

* 1. **Engagement with the CSIR and CPT Pharma**

*Please disclose any engagements or agreements you have with either the CSIR or CPT Pharma regarding the proposed process for development.*

1. **Business information ONLY TO BE COMPLETED BY ENTERPRISES**
   1. **Core business**

*Describe your core business and whether you are currently manufacturing and/or selling products. Provide your current turnover. (350 words maximum)*

* 1. **Team composition**

*List your team members. What is the team’s background, expertise and experience (business and technical). Provide short CVs (less than one page) for key personnel in your Enterprise.*

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| --- | --- | --- | --- | --- |
| **Name** | **Highest academic qualification** | **Position in entity** | **Previous business management/ technical positions/ experience** | **Previous experience in the proposed business area** |
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1. **Declaration and Institutional Approval**

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| I herewith declare that to the best of my knowledge:   * the work outlined in this proposal is my own original work and that the inputs, contributions and the work of others have been appropriately acknowledged where relevant; * all co-investigators and collaborators listed in the proposal are aware of this proposal and have agreed to their inclusion herein; * I have undertaken due diligence to ensure that the work proposed has not been done elsewhere in a manner identical to or having an identical process and outcome as that which I propose to do; * I have permission from the Department/Division/Directorate/Faculty to undertake the proposed work; * the information provided in this proposal is true, correct and accurate and I understand and accept that the API Innovation Cluster (APIIC) reserves the right to cancel any support provided on the basis of false or inaccurate information.   **I accept that the APIIC reserves the right to reject incomplete, inappropriate or inadequate proposals/applications.**  Full name (print)………………………………………………………………………………………………  Signature………………………………………………… Date……………….…………………… |

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| **Institutional approval** |
| **This is to certify that this research proposal** *(tick applicable box)*   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | | **Reference no., date or comment** | | Has been approved by the applicable research committee or authorised structure | | **YES** | **NO** |  | | Is hereby approved for submission to the APIIC for funding | | **YES** | **NO** |  | |  | | | | | | **Name of authorising official** |  | | | | | **Designation of authorising official** |  | | | | | **Signature of authorising official** |  | | | | | **Date of authorisation** |  | | | | |