Annex No. 1 to Regulations

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| **Application for the “Grant for a Prototype”**  **for the staff of the Warsaw University of Technology** | |
| 1. **Applicant (degree/ academic title, first name and surname)** | |
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| 1. **Contact data (phone number, e-mail)** | |
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| 1. **Faculty/Institute of WUT** | |
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| 1. **Description of the prototype including the justification for planned expenses** | |
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| 1. **Planned actions as part of the “Grant for a Prototype”** | |
| |  |  |  |  | | --- | --- | --- | --- | | **No.** | **Action** | **Aim of action** | **Implementation deadline** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |
| 1. **Grant cost estimate** | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **No.** | **Planned costs** | **2024** | **2025** | **Total** | | **I.** | **Total direct costs** | 0.00 | 0.00 | 0.00 | | 1 | Materials | 0.00 | 0.00 | 0.00 | | 2 | Third-party services | 0.00 | 0.00 | 0.00 | | 3 | Other direct costs | 0.00 | 0.00 | 0.00 | | **II.** | **Indirect costs** *(15%)* | 0.00 | 0.00 | 0.00 | | **III.** | **Total costs** | 0.00 | 0.00 | 0.00 | | |
| **ate and signature of Applicant:** |  |
| ............................... ...............................  *Bursar’s representative head of unit* | |

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| **Criteria** | **Evaluation** |
| The application meets the formal conditions of the regulations. | Yes/No |
| The technology proposed for development is at min. TRL 3 level. | Yes/No |
| Team attendance during the implemented pre-incubation programme is min. 70%. | Yes/No |
| There is willingness to establish a spin-off company with the Warsaw University of Technology. | Yes/No |
| The rights to the developed technology will be fully or partially transferred to the Warsaw University of Technology. | Yes/No |
| The recommendation from the ININ pre-incubation implementation team. | Positive/Negative |

Decision of the Director of the Innovations Centre Centrum on awarding the grant.  
 □ Positive □ Negative

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| ...............................  *Date* | .....................................  *Signature of director of CINN* |