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### Collaborative Venture Fund Application Form

Before completing this form, please contact the KTP office ([ktp@hud.ac.uk](mailto:ktp@hud.ac.uk)) to discuss the scope of the project and the potential outcomes to help strengthen your application.

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| **Project Title:** | | |  | | | | | | | | | | | | | | |
| **Proposed Start Date:** | | | | | Click here to enter. | | | **Proposed Completion Date:** | | | | | | | | Click here to enter a date. | |
| **Lead Academic:** | |  | | | | | | | | | | **Email:** | |  | | | |
| **School:** | Choose an item. | | | | | | | | **Main Phone:** | | | |  | | | | |
| **Organisation & Contact Details** | | | | | | | | | | | | | | | | | |
| **Organisation Name:** | | | | |  | | | | | | | | | | | | |
| **Address:** | | | | |  | | | | | | | | | | | | |
| **Organisation Type:** | | | | | | | Choose an item. | | | **Industry Sector:** | | | | | Choose an item. | | |
| **Contact Name:** | | | |  | | | | | | | | | | | | | |
| **Contact Job Title:** | | |  | | | | | | | | | | | | | | |
| **Contact Email:** | | | | | |  | | | | | **Contact Phone:** | | | | | |  |

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| **Project Details** | |
| **Briefly describe the project and how it relates to the organisation above:** | |
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| **Potential Outcomes** | |
| **Summarise how you anticipate the project to lead to further collaborative/commercial opportunities with income generation potential with this or other organisations (e.g. KTP application):**  *Please discuss the following points when writing about any potential outcomes:*   * *Why is the CVF project needed in order to lead directly to the highlighted outcomes?* * *Give specific examples of income generating activity that will come from the CVF and why the CVF will underpin the route to these activities.* * *Where possible, how will the CVF lead to the development of a Knowledge Transfer Partnerships (KTP) application (e.g. the work carried out will then feed into the development of a KTP Fact Finder Form)*   *Your application will be assessed on the proposed outcomes of the project and will be assessed using the following criteria:*   * *Has the application addressed how the work will underpin the development of a KTP or other income generating activity?* * *Has the application outlined how the business need will be addressed during the project (the application shouldn’t be too fundamentally research focussed)?* * *Has the application considered other benefits that will arise from the project (e.g. student placements, secondments, publications etc…), if not has adequate justification been given to reflect why no other benefits will arise?* | |
|  | |
| **Project Costs & Funding** | |
| **Please provide a breakdown of the funding costs along with total amount:**  *Please consider the following points:*   * *a CVF application can request up to £5,000 of funding.* * *Academic time is capped at £200/day.* * *Please break down the requested funding (e.g. academic time, consumables, travel, etc…)* * *Please provide a breakdown of any cash or in-kind contributions from the business partner.* | |
|  | |
| **School Cost Centre** |  |

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| **Authorisation** | | | | |
| **Lead Academic.**  I agree that the work will be **completed within 3 months and feedback provided as required**. | | | | |
| **(Signed)** | | **(Print Name)** | | **(Date)** |
| **Organisation Senior Employee (on behalf of the company)**  I confirm that we will make the necessary financial (as appropriate) and management commitment to provide support and time for the project. We are willing to participate in feedback, publicity and a case study. We acknowledge that any equipment purchased for the project remains the property of the University of Huddersfield.  Occasionally we’d like to send information to your company contact above, regarding our Services to Business, news and events that may be of interest. If you would like to receive this information, please check the box | | | | |
| **(Signed)** | | **(Print Name and Job Title)** | | **(Date)** |
| **School Head/Dean/Director**  I confirm that the School will make the necessary financial (where appropriate) and management commitment. The name of your school BDM or nominee, (this should not be the Lead Academic), who will be responsible for  obtaining feedback regarding this application is: | | | | |
| **(Signed)** | **(Print Name)** | | **(Date)** | |