**Qualcomm Institute Innovation Space Program**

**Application for Admission and Facilities Use Agreement**

Thank you for your interest in the Qualcomm Institute Innovation Space (QIIS) program. We look forward to the possibility of working with you. If you have any questions, please contact Lovella Cacho via email [at innovation@calit2.net](mailto:innovation@calit2.net) or by phone at (858) 534‐1849.

**DISCLAIMER:** All information submitted in this document is considered to be non-confidential. Please do NOT provide any information that contains or describes business secrets or other confidential information, as this document may be shared with third-party reviewers.

Please submit your completed application as a single PDF or Word document to the QIIS [program at innovation@calit2.net](mailto:innovation@calit2.net) for review by its selection committee at an upcoming meeting. You may also want to review the University’s Conflict of Interest Disclosure policy as needed. It can be found on the Web under “UCSD Conflict of Interest.”

DATE SUBMITTED:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Information | | | | | | | | | |
| External Entity / Business Legal Name: | | | |  | | | | | |
| Contact / Representative Name: | | | |  | | | | | |
| Contact / Representative Position / Title: | | | |  | | | | | |
| Street address: | |  | | | | | | | |
| City: | |  | | | State: |  | | ZIP Code: |  |
| E-mail: |  | | | | Phone / Cell#: | |  | | |
| Website URL (if applicable): | | |  | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Facility Use Information | | | | | | | | |
| Time Period / Term Requested:  Initial term is min. 1 yr; max. 2 yrs | *MM* | | *DD* | *YYYY* | through | *MM* | *DD* | *YYYY* |
|  |  | |  |  |  |  |  |  |
| Do you want the option to extend the term in 12-month increments? Yes  No | | | | | If yes, indicate how long you would like to have the space:       months | | | |
| Is a revocation period of 120 days or less acceptable? Yes  No | | | | | | | | |
| What are the planned days and hours of operation/use by personnel? | | M Tu W Th F Sa Su       :      AM to      :      PM  Additional Comments: | | | | | | |
| For which hours will your personnel need access to the space? | | Normal business hours (8am to 5pm)  24 hrs | | | | | | |
| Do you plan to use chargeable university/QI services, facilities or other resources in Atkinson Hall in addition to the use of office or lab space in the QI Innovation Space? Yes  No  If yes, please describe\*:  \*For information about chargeable services and resources (at external rates) available to entities operating in the Innovation Space, see the Calit2 Guide to Qualcomm Institute Facilities, Services and Resources at UC San Diego. | | | | | | | | |

# AGREEMENT INFORMATION

1. What is your organization’s type of business entity or status (e.g. sole proprietorship, DE Corp, Corportation for-profit or not-for-profit, LLC, NGO, startup, incubator, SME, etc.)?
2. Please list the names and roles of responsible executives or officials in your organization with overall authority and supervision of staff to be located in the Innovation Space at UC San Diego:

# TECHNOLOGY AND MARKET IMPACT

1. Provide a brief overview of the technology you are planning to develop in the QI Innovation Space:
2. What are the specific benefits that your organization hopes to derive from having offices or a lab in the QI Innovation Space?
3. Describe the problem your technology or system would solve:
4. Identify and describe the current or potential target markets for your technology, service or system:

# CURRENT FUNDING STATUS AND TIMELINES

1. Summarize the current funding status of your company or institution (e.g., seed funding, angel investors VC funding, SBIR/STTR, etc.):
2. When do you want to move into the QI Innovation Space? Indicate the estimated length of time your group plans to use space in the QI facility (maximum residency for a corporate start-up 2 years):

# SPACE UTILIZATION PLAN

1. What is the overall purpose of the proposed Facilities Use Agreement, in other words, describe what activity will occur on the property?
2. Estimate how many people you will have working in your section of the QI Innovation Space (if approved), and list any instrumentation and/or types of hardware you plan to deploy in the space:
3. Describe any previous, ongoing or planned collaboration you or your group has or would like to have with UC San Diego professors, research scientists, students, labs or research centers.
4. Indicate if your company or group will be using additional facilities/workspace on or off campus.