**ADVANCED INNOVATION VOUCHER SCHEME**

**PART A: APPLICATION FORM**

**Section A.1 - COMPANY DETAILS AND DECLARATION**

**Section A.1 should be completed by an authorised officer of the company**

|  |
| --- |
| **A.1.1. COMPANY CONTACT DETAILS** |

|  |  |
| --- | --- |
| First & Surname |  |
| Job Title |  |
| Tel No. Mob/Bus |  |
| Email |  |

|  |
| --- |
| **A.1.2. COMPANY DETAILS** |

|  |  |
| --- | --- |
| Company Name |  |

|  |  |  |
| --- | --- | --- |
| **Address** | **Registered** | **Trading (if different)** |
|  |  |  |
| **Postcode** |  |  |

|  |  |
| --- | --- |
| Company Registration No. |  |
| Website: |  |
| No. Employees |  |
| Turnover in last Financial year (£) |  |
| Net Zero - Are you committed to reducing your business’ carbon emissions? Please indicate yes/no – if no, please indicate whether you have a plan in place?Practical tools, resources and advice on how take steps to become net zero is available on the UK Climate Hub website.<https://businessclimatehub.org/tools/> |  |
| Fair Work - Are you committed to becoming a fair work employer?Support on how to become a fair work employer is available on the Scottish Government Fair Work Convention site<https://www.fairworkconvention.scot/the-fair-work-framework/> |  |
| Company profile | ***Please restrict your company profile to under 200 words****:* |
| Company Sector | Choose an item. |
| Discipline of expertise required  | Choose an item. |

|  |  |
| --- | --- |
| A.1.3. COMPANY DECLARATION - I CONFIRM THAT: | **SELECT YES OR NO**  |
| The company has fewer than 250 employees.  | Choose an item.  |
| The company will use the follow-on funding only for activities eligible under this scheme.  | Choose an item.  |
| The company is solvent, and no distress or execution has been levied against it. | Choose an item.  |
| I certify that the company has the matched funds in place to contribute to the project. | Choose an item. |
| The company confirms that the amount of funding from the SFC Innovation Voucher Scheme will not cause them to exceed the subsidy threshold within a three year period as defined in Article 364 of the [UK-EU Trace and Co-operation Agreement](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/982648/TS_8.2021_UK_EU_EAEC_Trade_and_Cooperation_Agreement.pdf). | Choose an item. |
| I understand and will comply with the terms and conditions of the [legal contract](https://interface-online.org.uk/how-we-can-help/funding/advanced-innovation-vouchers)  | Choose an item. |

|  |
| --- |
| A.1.4. COMPANY STATEMENT: |
| I certify that the information given on this form regarding my company is accurate to the best of my knowledge. I understand that if it is later established that my company does not qualify for this programme then the company will be required to pay for the services received. |

|  |  |
| --- | --- |
| Name of Authorised Officer  | Please type name here. A signature is not required. |
| Email: |  |

|  |  |
| --- | --- |
| A.1.5. PUBLICITY STATEMENT: | PLEASE SELECT  |

|  |
| --- |
| The Scottish Funding Council may share information about projects with the Scottish Government, Scottish Enterprise, Highlands and Islands Enterprise and any other appropriate organisation in the interests of developing and promoting the Innovation Voucher Scheme. The Scottish Funding Council is subject to the Freedom of Information (Scotland) Act 2002 and as such may be requested to disclose information regarding the Innovation Voucher Scheme. Scheme members will be consulted before any decision to disclose information is taken. However, any refusal to disclose may be appealed to the Scottish Information Commissioner. |

|  |  |
| --- | --- |
| I agree to assist with a case study using non-confidential information to promote this project. Please select you agree or if not, opt out. | Choose an item.  |

|  |
| --- |
| A.1.6. IMPACTS SURVEY  |
| I understand that as a requirement of the Innovation Voucher funding, a follow up Electronic Survey to determine impacts will be issued *approximately 6 months* following completion of the project.*By providing your contact details below, you are agreeing to complete this survey.* |

|  |  |
| --- | --- |
| Name of Authorised Officer  | Please type name here. A signature is not required. |
| Email: |  |

|  |
| --- |
| A.1.7. PROJECT DETAILS |
| Previous collaborationPlease provide a brief summary of the previous collaboration that led to the proposed follow up project (up to 100 words) |
|  |
| Project SummaryPlease summarise the new project. Provide some background; why follow-on funding is necessary to continue the collaboration; what you hope to achieve and how this will be done. (up to 200 words) |
|  |
| Innovation Please outline what is innovative about this project, indicating what is being explored and why it is new, novel, pioneering or significantly different to any existing product. An enhanced product should be the result of achieving the outcome in a new and innovative way. (up to 250 words) |
|   |
| Target Market Information: |

|  |  |
| --- | --- |
| **What is the size of your market?** |  |
| **How do you intend accessing the market (your main route)?** |  |
| **Do you have a current main competitor – if so – who?** |  |
| **How much of the market is accessible to you?** |  |
| **Do you have any early adopters?** |  |
| **If so, please provide evidence?** |  |

|  |
| --- |
| Project OutcomesWhat outcomes do you (the company) expect to be delivered as a result of the project? List any direct or indirect outcomes you anticipate from the engagement What indirect outcomes are you hoping to gain from this engagement with the University/College? (up to 200 words) |
|  |
| Project RisksHave any potential risks been identified and discussed with the academic partner? This could be in relation to possible delays due to availability of information / materials from a third party, weather dependant, permissions required, experiments may show that the original concept cannot be proven etc. If so, please provide a brief summary. (up to 100 words) |
|  |
| Company ExpertiseWhat skills and expertise will the company bring to this project? Provide some brief background information on the Company Applicant? (up to 100 words) |
|  |
| Academic ExpertiseExplain why the expertise of a University/College is required for this project and why this work cannot be obtained commercially. Provide some details of the skills/background of the expertise of the Lead Academic?Please note the scheme only funds innovative research; it does not fund projects related to training, marketing activities or consultancy e.g. to study/evaluate current systems and practices; business and strategy planning etc. (up to 100 words). |
|  |
| After the projectOnce the project is complete, describe the next steps the company intends to perform in order to commercialise the new/enhanced product, process or service. Explain timescales, resources and target markets such as Scotland, UK and International. What plans are in place to reach this market? What key partnerships will be developed? (up to 200 words) |
|  |
| Project ImpactsWhat is the estimated impact of the project over the next 3 years? (In monetary value) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current situation**  | **Year 1** | **Year 2** | **Year 3** |
| **Increase in turnover** | **£** | **£** | **£** | **£** |
| **Increase in exports** | **£** | **£** | **£** | **£** |
| **Projected sales** | **£** | **£** | **£** | **£** |
| **Cost/efficiency savings** | **£** | **£** | **£** | **£** |
| **Jobs safeguarded** |  |  |  |  |
| **New jobs created** |  |  |  |  |

|  |
| --- |
| Other Project Impacts-including Environmental and Societal |

|  |
| --- |
| Please complete the table below providing information on the anticipated economic and societal impacts of the project. |

|  |  |  |
| --- | --- | --- |
| Type of impact | Yes / No | Brief explanation |
| New product/process/service/workforce practice or expertise |  |  |
| Improved product/process/service/workforce practice or expertise |  |  |
| New markets entered |  |  |
| Increased Competitiveness |  |  |
| Types of New Jobs Created |  |  |
| Other Impacts |  |  |
| Outline the environmental impacts arising from this project (eg Scottish Government Climate Change Priorities - clean energy, sustainability, climate action, biodiversity, contribution to net zero targets etc) |  |  |
| Outline outcomes from this project that will promote equality and diversity (eg equal opportunities, fair work etc) |  |  |
| Outline outcomes from this project that will support social inclusion (eg safe and resilient communities, health & wellbeing,) |  |  |

|  |
| --- |
| BenefitsPlease provide information on the prospective benefits the project will bring to the company, the university/college and the Scottish economy over the next 3 years. e.g. local and societal impacts. |
| Company: |
| University/College:  |
| Scottish Economy:  |

**SECTION A.2 - PROJECT DETAILS**

**Section A.2 should be completed by the Lead Partner (HEI/College)**

|  |
| --- |
| **A.2.1. LEAD PARTNER - ACADEMIC DETAILS** |

|  |  |
| --- | --- |
| Institution NameHEI/College) |  |
| Department |  |
| Academic Name |  |
| Academic Email |  |
| Academic Tel No. |  |

|  |
| --- |
| **LEAD PARTNER - COMMERCIAL OFFICE CONTACT DETAILS** |

|  |  |
| --- | --- |
| Contact Name |  |
| Contact Email |  |
| Contact Tel No. |  |

|  |
| --- |
| OTHER PARTNER INSTITUTION(S) IF APPLICABLE  |

|  |  |
| --- | --- |
| Contact details for collaborating partner(s).  |  |

|  |
| --- |
| A.2.2. SUMMARY OF FUNDING |

|  |  |
| --- | --- |
| **Project Title** |  |
| **Value of Grant requested** | £ |

|  |  |  |  |
| --- | --- | --- | --- |
| Company in Kind contribution | £ | Company Cash Contribution  | £ |

|  |  |
| --- | --- |
| **TOTAL PROJECT COSTS (Grant, Cash, In-kind)**  | **£** |

|  |  |  |  |
| --- | --- | --- | --- |
| Are any additional approval mechanisms required for company cash contribution? | Choose an item. | If approval mechanisms are required, please provide timescales |  |

|  |
| --- |
| **What is the source of the SME cash contribution? Please note the match cash from the company must not include any element of European funding or public funding.**  |
|  |
| **If the company funds are being supplied from multiple sources (cash flow, other agencies etc.) provide further information on the additional approval mechanisms required.** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Expected Start Date |  | Expected end date |  |

|  |
| --- |
| Outline any previous funding that the university has been awarded for background research (in relation to this project) e.g. from Research Councils, Research pools etc. (up to 150 words) |
|  |

|  |  |
| --- | --- |
| **A.2.3. INTELLECTUAL PROPERTY**  |  |

|  |
| --- |
| Please select one of the following conditions which apply to this project.The IP clause within the Legal Agreement Template is a condition of the Advanced Innovation Voucher Award. Note: Where Lead Partners are granted a research licence this should not be confused with a commercial licence, i.e. the academic partner can never have a licence to ‘exploit’ the IP with commercial third parties, but merely use the IP for research purposes. The IP agreement will provide free access to IP for research and teaching purposes for the academic team under conditions which do not in any way compromise commercial application by the company. More information can be found [here.](https://www.gov.uk/intellectual-property-an-overview) |

|  |  |  |
| --- | --- | --- |
| Background IP ownership | Foreground IP ownership | Select 1 yes and 2 no’s |
| University/College | Foreground IP shall be owned by the university. The University hereby grants to the Company a perpetual, irrevocable, worldwide non-exclusive royalty-free licence to use and exploit the Foreground IP for its own purposes, commercial or otherwise. | Choose an item. |
| Company only | Foreground IP shall be owned by the Company.  The Company hereby grants the University a perpetual, irrevocable, worldwide non-exclusive royalty free licence to use the Foreground IP for the purposes of academic research, teaching and collaboration, including any collaboration with third parties. | Choose an item. |
| Both – University/College and Company | Foreground IP shall be owned by the Company.  The Company hereby grants the University a perpetual, irrevocable, worldwide non-exclusive royalty free licence to use the Foreground IP for the purposes of academic research, teaching and collaboration, including any collaboration with third parties. | Choose an item. |

|  |
| --- |
| BACKGROUND IP DESCRIPTION |
| Describe the background IP which the company and lead partner |
| Company:  |
|  |
| Lead partner:  |
|  |

|  |
| --- |
| A.2.4. PROJECT PLAN |
| Innovation* Please outline what is innovative about this project, indicating what is being explored and how it is new, novel, pioneering or significantly different to any existing product.
* What change will be realised as a result of the project?

(up to 200 words)  |
|  |
| SkillsOutline the skills and expertise required within the academic group to undertake this project. (up to 200 words) * Please also advise whether this project requires any Specialist Facilities (provide brief details)?
 |
|  |

|  |  |
| --- | --- |
| **Government Low Carbon Initiative** | **SELECT YES OR NO**  |
| Does this project support the [Government’s Low Carbon](http://www.gov.scot/Topics/Environment/climatechange/scotlands-action/lowcarbon/rpp) initiatives? | Choose an item. |

**SECTION A.3 - PROJECT COSTS**

**Section A.3. To be completed by the Lead Partner (University or College)**

|  |
| --- |
| A.3.1. PROJECT COSTS – Grant, cash and in kind |
| Outline how the grant & company contributions will be spent e.g. the project will be split into 4 main activities; exploring/developing/evaluating/demonstrating etc. Include details of staff resource and additional expenses such as travel, consumables and why these costs are necessary. |
|  |
| A.3.2. ACTIVITY COSTS |
| Please list in detail the key activities required to deliver the project in the table below. The cost for each task should be clearly outlined. The total cost to the lead partner should equal the grant being claimed and the cost to the company must match the grant in cash. Please clearly mark cash or in-kind contribution showing each on a separate line.  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Person Responsible | Description of Activity/resource/ consumables etc.  | Description of Outcome: Milestones / Deliverables | Time (days) | Cost to company in kind £ | Cost to company Cash £ | Cost to the lead partner (grant claimed)£ |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | **Totals** |  |  |  |  |

**Please ensure the total values outlined in this table match those noted in Section A.2.2**

**Please also ensure that any VAT implications have been fully discussed by all parties prior to submission (VAT is a non-eligible Activity Cost Expense)**

**THANK YOU FOR COMPLETING THE APPLICATION.**

**PLEASE SEND THE WHOLE FORM (PARTS A, B & C) ELECTRONICALLY TO:**

***applications@interface-online.org.uk***

**PART B: FINAL REPORT
SECTION B.1 – PROJECT IMPACTS**

**Section B.1 - the company and the Lead Partner (HEI or College) should complete this section together at the project close out meeting.**

| B.1.1. IMPACT ON THE COMPANY  | Already delivered as a result of this project | Forecast for next 3 years as a result of this project |
| --- | --- | --- |
| Was the agreed project delivered as per original milestones and plan? | Choose an item. | N/A |
| Was/will there be a product created/improved? | Number: | Number:  |
| Was/will there be a process created/improved? | Number: | Number: |
| Was/will there be a service created/improved? | Number: | Number: |
| Was/will there be a workforce practice/expertise developed/improved? | Choose an item. | Choose an item. |
| How many existing jobs have been/will be safeguarded? | Number: | Number: |
| How many new jobs have been/will be created as a result of the project? | Number: | Number: |
| Do you expect your company’s turnover to increase as a result of the project?  | Choose an item. | Choose an item. |
| Please state your anticipated turnover in 3 years’ time | £ | £ |
| Has this project resulted in cost efficiency savings)e.g. reduced cost per unit) | Choose an item. | Choose an item. |
| **As a result of the project will you be in a position to:**  |  |  |
| Stay within current Markets | Choose an item. |  |
| Expand within the UK Markets | Choose an item. |  |
| Expand to International Markets | Choose an item. |  |

|  |
| --- |
| Please tell us about your experience of this project. |
| **Company**: |
|  |
| **Lead Partner**: |
|  |

|  |  |
| --- | --- |
| B.1.2. BEYOND THE PROJECT |  |
| Will you continue to work with the current lead partner beyond this project? i.e. explore further activity? | **Choose an item.** |
| Would you be interested in working with another Scottish University? | **Choose an item.** |

|  |
| --- |
| If you answered yes to the above questions, please explain further here; |

|  |  |
| --- | --- |
| Would you like to access the support of a Scottish Enterprise or Highlands and Islands Enterprise specialist for further development? | Choose an item. |

|  |
| --- |
| **What does the company intend to do next with the results of this project?** |
|  |
| **Describe in what capacity the lead partner and company intend to continue working together.** |
|  |

|  |
| --- |
| REMINDER - IMPACTS SURVEY (As agreed on the Application Form on Page 2) |
| I understand that as a requirement of the Innovation Voucher funding, a follow up Electronic Survey to determine impacts will be issued *approximately 6 months* following completion of the project. |

|  |
| --- |
| **B.1.3 DECLARATION TO BE SIGNED BY THE COMPANY** |

|  |  |
| --- | --- |
| Name of Authorised Officer |  |
| Signature (*ink signature not typed)* |  |
| Company Name |  |
| Date |  |

**PART C: FINANCIAL REPORT**

**Section C to be completed by the Lead Partner (University or College)**

**On receipt of this report by Interface, you will receive further instructions with details on invoicing for the grant payment. Please note that this differs from previous Advanced Innovation Voucher Funding where payments were automatic following the submission of the Final Report.**

|  |
| --- |
| **C.1.1 LEAD PARTNERS – STAFF COSTS** |
| Please indicate the name of the academic, activities, number of days spent on the project and the value being claimed. Please note that a maximum of 7 hours per day Monday to Friday can be claimed.  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date mm/yy | Description of Activity (A brief description is adequate) | Proposed Outcome: Milestone/deliverable (What was proposed in application) | Actual Outcome: Milestone/deliver-able (What was achieved) | No. Of Days | Value (£) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | **SUB TOTAL:** |  |  |

|  |
| --- |
| C.1.2 LEAD PARTNER: OTHER ASSOCIATED COSTS |
| Detail any other costs incurred in relation to the project. This may be for materials or travel etc. Please do not claim for any items which are exempt such as software. You may need to provide evidence of such costs therefore a receipt or invoice should be kept by the lead partner in accordance with their own internal audit process. |

|  |  |  |  |
| --- | --- | --- | --- |
| Date mm/yy | Description | Supplier/Activity | Value (£) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | SUB TOTAL: |  |

|  |
| --- |
| C.1.3 CONFIRMATION OF TOTAL GRANT FUNDS BEING CLAIMED |
| This is the total cost (C.1.1 + C.1.2) being claimed and should not include in-kind costs from either partner. It should not exceed the original approved grant award in section A.2.2 |

|  |  |
| --- | --- |
| **GRAND TOTAL:** | **£** |

|  |
| --- |
| **C.1.4 FORM COMPLETED BY LEAD PARTNER:** |

|  |  |
| --- | --- |
| Name |  |
| Signature *(ink signature not typed)*  |  |
| Lead partner institution |  |
| Date |  |

**THANK YOU FOR COMPLETING THE FINAL REPORT**

**SEND THE WHOLE FORM (PARTS A, B & C) ELECTRONICALLY TO:**

***applications@interface-online.org.uk***