

Who can apply?

Businesses and organizations should be based and operating in the state of Minnesota.

What is being funded?

1. Projects to develop Minnesota businesses and technologies that deliver regenerative medicine products, devices, and services. This can include:
 - Non-expendable research equipment
 - Development of infrastructure & processes, including personnel, equipment, supplies, and/or services required to establish the design, development, testing, and manufacturing of a product(s) or provision of a service
 - Increasing the capacity of existing services
 - Implementing Quality Management System & GMP standards
 - Conducting device testing to support PMA or NDA for FDA approval or approval from other notified bodies

What criteria are used to evaluate the applications?

1. Does this project fill a demonstrable need?
2. Is this project clearly explained and possible to implement?
3. Is there solid scientific or other evidence to prove the project will work?
4. Does this project have adequate institutional support and resources?
5. Does the Principal Investigator have adequate experience to make this project successful?
6. What does this project contribute to regenerative medicine (and patients) in Minnesota?

What else should applicants know?

- Maximum request is \$100,000.
- Grants are for one year.
- Applications can have only one principal investigator (PI). Previous awardees can reapply.
- Awards must be made to an institution, not directly to the principal investigator.

- The principal investigator is responsible for obtaining all necessary approvals from regulatory agencies. A copy of the approval document(s) will be required prior to the release of funding.
- Awards will be announced on April 10, 2017.

How do I apply? (Two steps)

STEP 1: Begin an application by answering the following questions via the Biotechnology/Biobusiness grant application form found online at <http://www.regenmedmn.org/apply-grant>

1. Applicant Information *(Principal Investigator and Responsible Party)*

- a. Name
- b. Position at Institution
- c. Email
- d. Phone number
- e. Mailing address

2. Institution Information *(responsible for receiving and disbursing grant funds)*

- a. Name
- b. County (in which located)
- c. Financial Contact Name (usually an accountant)
- d. Financial Contact Email
- e. Financial Contact Phone number

3. Grant Information

- a. Title
- b. Direct costs requested
- c. Indirect costs requested (should be included in the budget at the established NIH-negotiated rate or, in the absence of a federally-negotiated rate, at 10%)
- d. Total costs requested (combined direct and indirect costs)
- e. Start date requested (between May 30, 2017, and September 5, 2017)
- f. Names of key staff on project
- g. Goals (three sentences or less describing the goals of the project in lay language).

STEP 2: Email grant proposal to RegenMedMN@gmail.com

*Proposals must use 1" margins on all sides, 12 pt Arial font, and a minimum of single line spacing. Please include PI name and page number in footer. **Submit as a single pdf file in the following order:***

| | |
|-----------|---|
| Pages 1-8 | <ul style="list-style-type: none"> • Description of project and how it fits into the business or institution. • Why project is needed. What is the purpose of any requested equipment and/or infrastructure? • What are the goals of the project, and how they will be achieved? Define how the success of the project will be measured. • How does this project impact regenerative medicine in Minnesota? |
| | <ul style="list-style-type: none"> • Describe any validation and verification plans for processes and protocols used to develop or manufacture products. |
| | <ul style="list-style-type: none"> • Outline the roles of the PI and key staff, including any relevant experience they bring to the program. |
| | <ul style="list-style-type: none"> • Where will the project will take place; what resources are available there? • List any support (financial/material) this program receives from other sources. • Estimate the life expectancy of equipment and/or infrastructure. |
| Page 9 | Include institutional letter of support confirming that the equipment and/or infrastructure will be installed/housed/developed and maintained at that business/institution. |
| Page 10 | Budget outline, please use format given on page 4. |
| As needed | Five-page NIH-format biosketch for principal investigator. |
| As needed | Estimate(s) |

Budget Template

Principal Investigator:

| Personnel | Year 1 | | |
|---|--------|--------|-----------------|
| | Name | Effort | Salary & Fringe |
| | | | |
| | | | |
| Other Direct Costs | | | |
| Supplies | | | |
| Services | | | |
| Travel | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Direct Costs | | | |
| Indirect Costs (% by institution) | | | |
| TOTAL COSTS | | | |

Justifications for budget items:



Explanation of overlap (if applicable):

REGENERATIVE MEDICINE
MINNESOTA