

## ANNUAL REPORT

### Introduction

This report is one of a series that you will complete throughout the life of your ATP project. These reports provide crucial information for ATP program officials to use in assessing the value of the ATP program, and reporting conclusions to policymakers and stakeholders. Thus it is important that you read the questions carefully and provide your best answer.

The primary purpose of the present report is to gather current information about your project and company. Because the information requested is quite diverse, the person completing this report may need to gather information from various company sources and personnel. These sources should include individuals with detailed knowledge of the technical and business aspects of the ATP-funded project, and general knowledge about your company as a whole.

Please respond to the questions on this report with regard to the following project:

Project title: [ ]

Period of performance: [ ]

Award Number: [ ]

This report includes items regarding the following content areas:

1. Administrative Information
2. Key Personnel
3. Subcontractors
4. Company Characteristics
5. ATP Project Characteristics
6. Research Effort
7. Project Management
8. Research Outputs
9. Technology Commercialization
10. Future BRS Reports

*OMB No: 0693-0009 Expiration Date: 11/30/06. This report is authorized under the Paperwork Reduction Act. Under the terms and conditions of your ATP award, your response is mandatory. Data collected will be shared with ATP staff, but considered confidential by ATP staff. Public reporting burden for this collection of information is estimated to average 45 to 75 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Director, Advanced Technology Program, National Institute of Standards and Technology, 100 Bureau Drive, Stop 4700, Administration Building, Room A333, Gaithersburg, Maryland 20899-4700.*

## Section 1: Administrative Information

### Company Name and Location

The information shown below refers to your company. Please verify the accuracy of this information.

COMP_NAME	Company Name:	[COMP_NAME]
UNIT_NAME	Division Name:	[ ]
ESTAB_ADD1	Address Line 1:	[ ]
ESTAB_ADD2	Address Line 2:	[ ]
ESTAB_ADD3	Address Line 3:	[ ]
ESTAB_CITY	City:	[ ]
ESTAB_STATE	State:	[ ]
ESTAB_ZIP	Zip:	[ ]
ESTAB_WEB	Website Address:	[ ]

**[Programmer note: Prefill company name and address info where available]**

**[Programmer Note: TCON\_FNAME and TCON\_LNAME are required fields]**

**[If TYPE\_OF\_PARTICIPATION = SA or JVL]**

**Principal Investigator**

The Principal Investigator named in the terms and conditions of your ATP Cooperative Agreement is responsible for the overall direction and supervision of the ATP-funded project.

**[If TYPE\_OF\_PARTICIPATION = JVP]**

**Technical Contact**

The Technical Contact person for your company should be a mid- to senior-level person with responsibility for direction and supervision of technical work on this ATP-funded project.

**TCON\_CONFIRM**

Our records indicate that [TCON\_FNAME TCON\_LNAME] is the [Principal Investigator] [your company’s Technical Contact]. Is this information correct?

Yes .....1

No.....2

**If TCON\_COMFIRM=Yes:**

Please verify the following information for [TCON\_FNAME TCON\_LNAME].

- TCON\_FNAME First Name
- TCON\_LNAME Last Name
- TCON\_SALUT [Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
- TCON\_TITLE Position Title
- TCON\_GNDR Gender Male\_\_\_\_ Female \_\_\_\_\_
- TCON\_ORG1 Organization Name Line 1
- TCON\_ORG2 Organization Name Line 2
- TCON\_ADD1 Street Address Line 1 (no PO Box addresses, please)
- TCON\_ADD2 Street Address Line 2:
- TCON\_ADD3 Street Address Line 3
- TCON\_CITY City
- TCON\_STATE State
- TCON\_ZIP Zip
- TCON\_PHONE Telephone
- TCON\_EXT Ext.
- TCON\_FAX Fax
- TCON\_EMAIL E-mail

**[Programmer note: Pre-fill TCON info if available.]**

**[If TCON\_CONFIRM = NO AND TYPE\_OF\_PARTICIPATION = SA or JVL]**

**Principal Investigator**

Please identify the Principal Investigator from the following list of personnel, or add a new name.

**[If TCON\_CONFIRM = NO AND TYPE OF PARTICIPATION = JVP]**

**Technical Contact**

Please identify your company's Technical Contact from the following list of personnel, or add a new name.

**[DROP DOWN LIST OF ALL CONTACT NAMES]**

**[IF OLD NAME IS SELECTED FROM LIST]**

Please verify the following information for [TCON\_FNAME TCON\_LNAME].

TCON_FNAME	First Name
TCON_LNAME	Last Name
TCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
TCON_TITLE	Position Title
TCON_GNDR	Gender      Male____ Female _____
TCON_ORG1	Organization Name Line 1
TCON_ORG2	Organization Name Line 2
TCON_ADD1	Street Address Line 1 ( <i>no PO Box addresses, please</i> )
TCON_ADD2	Street Address Line 2:
TCON_ADD3	Street Address Line 3
TCON_CITY	City
TCON_STATE	State
TCON_ZIP	Zip
TCON_PHONE	Telephone
TCON_EXT	Ext.
TCON_FAX	Fax
TCON_EMAIL	E-mail

**[Programmer note: Pre-fill new TCON info if available.]**

**[IF ADD NEW TCON NAME IS SELECTED AND TYPE\_OF\_PARTICIPATION = SA or JVL]**

Please complete the following contact information for your new Principal Investigator.

**[IF ADD NEW TCON NAME IS SELECTED AND TYPE OF PARTICIPATION = JVP]**

Please complete the following contact information for your new Technical Contact.

TCON_FNAME	First Name
TCON_LNAME	Last Name
TCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
TCON_TITLE	Position Title
TCON_GNDR	Gender      Male____ Female _____
TCON_ORG1	Organization Name Line 1
TCON_ORG2	Organization Name Line 2
TCON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please)</i>
TCON_ADD2	Street Address Line 2:
TCON_ADD3	Street Address Line 3
TCON_CITY	City
TCON_STATE	State
TCON_ZIP	Zip
TCON_PHONE	Telephone
TCON_EXT	Ext.
TCON_FAX	Fax
TCON_EMAIL	E-mail

**[Programmer Note: BCON\_FNAME and BCON\_LNAME are required fields]**

**Business Contact**

The Business Contact person for your company should be a mid- to senior-level person with responsibility for business development and commercialization aspects of this ATP-funded project.

**BCON\_CONFIRM**

Our records indicate that [BCON\_FNAME BCON\_LNAME] is your company's Business Contact. Is this information correct?

- Yes .....1
- No.....2

**If BCON\_CONFIRM=Yes:**

Please verify the following information for [BCON\_FNAME BCON\_LNAME].

- BCON\_FNAME First Name
- BCON\_LNAME Last Name
- BCON\_SALUT [Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
- BCON\_TITLE Position Title
- BCON\_GNDR Gender Male\_\_\_\_ Female \_\_\_\_\_
- BCON\_ORG1 Organization Name Line 1
- BCON\_ORG2 Organization Name Line 2
- BCON\_ADD1 Street Address Line 1 (no PO Box addresses, please)
- BCON\_ADD2 Street Address Line 2:
- BCON\_ADD3 Street Address Line 3
- BCON\_CITY City
- BCON\_STATE State
- BCON\_ZIP Zip
- BCON\_PHONE Telephone
- BCON\_EXT Ext.
- BCON\_FAX Fax
- BCON\_EMAIL E-mail

**[Programmer note: Pre-fill BCON info if available.]**

**If BCON\_CONFIRM= No:**

Please identify your company's Business Contact from the following list of personnel, or add a new person.

**[DROP DOWN LIST OF ALL CONTACT NAMES]****[IF OLD NAME IS SELECTED FROM LIST]**

Please verify the following information for [BCON\_FNAME BCON\_LNAME].

BCON_FNAME	First Name
BCON_LNAME	Last Name
BCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
BCON_TITLE	Position Title
BCON_GNDR	Gender      Male_____ Female _____
BCON_ORG1	Organization Name Line 1
BCON_ORG2	Organization Name Line 2
BCON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please)</i>
BCON_ADD2	Street Address Line 2:
BCON_ADD3	Street Address Line 3
BCON_CITY	City
BCON_STATE	State
BCON_ZIP	Zip
BCON_PHONE	Telephone
BCON_EXT	Ext.
BCON_FAX	Fax
BCON_EMAIL	E-mail

**[Programmer note: Pre-fill new BCON info if available.]**

**[IF ADD NEW BCON NAME IS SELECTED]**

Please complete the following contact information for your new Business Contact.

BCON_FNAME	First Name
BCON_LNAME	Last Name
BCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
BCON_TITLE	Position Title
BCON_GNDR	Gender      Male____ Female _____
BCON_ORG1	Organization Name Line 1
BCON_ORG2	Organization Name Line 2
BCON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please)</i>
BCON_ADD2	Street Address Line 2:
BCON_ADD3	Street Address Line 3
BCON_CITY	City
BCON_STATE	State
BCON_ZIP	Zip
BCON_PHONE	Telephone
BCON_EXT	Ext.
BCON_FAX	Fax
BCON_EMAIL	E-mail

### Administrative Contact

The Administrative Contact person is responsible for administrative issues relating to the ATP Cooperative Agreement, including managing contract, budget, and related matters.

#### ACON\_CONFIRM

Our records indicate that [ACON\_FNAME ACON\_LNAME] is your company's Administrative Contact. Is this information correct?

Yes .....1

No.....2

#### If ACON\_CONFIRM = Yes:

Please verify the following information for [ACON\_FNAME ACON\_LNAME].

- ACON\_FNAME First Name:
- ACON\_LNAME Last Name:
- ACON\_SALUT [Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
- ACON\_TITLE Position Title:
- ACON\_GNDR Gender: Male\_\_\_\_ Female \_\_\_\_\_
- ACON\_ORG1 Organization Name Line 1:
- ACON\_ORG2 Organization Name Line 2:
- ACON\_ADD1 Street Address Line 1 (no PO Box addresses, please):
- ACON\_ADD2 Street Address Line 2:
- ACON\_ADD3 Street Address Line 3:
- ACON\_CITY City:
- ACON\_STATE State:
- ACON\_ZIP Zip:
- ACON\_PHONE Telephone:
- ACON\_EXT Extension:
- ACON\_FAX Fax:
- ACON\_EMAIL E-mail:

**[Programmer note: Pre-fill ACON info if available.]**

**If ACON\_CONFIRM = No:**

Please identify your company's Administrative Contact from the following list of personnel, or add a new person.

**[DROP DOWN LIST OF ALL CONTACT NAMES]****[IF OLD NAME IS SELECTED FROM LIST]**

Please verify the following information for [ACON\_FNAME ACON\_LNAME].

ACON_FNAME	First Name:
ACON_LNAME	Last Name:
ACON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
ACON_TITLE	Position Title:
ACON_GNDR	Gender:                    Male _____ Female _____
ACON_ORG1	Organization Name Line 1:
ACON_ORG2	Organization Name Line 2:
ACON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please):</i>
ACON_ADD2	Street Address Line 2:
ACON_ADD3	Street Address Line 3:
ACON_CITY	City:
ACON_STATE	State:
ACON_ZIP	Zip:
ACON_PHONE	Telephone:
ACON_EXT	Extension:
ACON_FAX	Fax:
ACON_EMAIL	E-mail:

**[Programmer note: Pre-fill new ACON info if available.]**

**[IF ADD NEW ACON NAME IS SELECTED]**

Please complete the following contact information for your new Administrative Contact.

ACON_FNAME	First Name:
ACON_LNAME	Last Name:
ACON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
ACON_TITLE	Position Title:
ACON_GNDR	Gender:                    Male_____ Female _____
ACON_ORG1	Organization Name Line 1:
ACON_ORG2	Organization Name Line 2:
ACON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please):</i>
ACON_ADD2	Street Address Line 2:
ACON_ADD3	Street Address Line 3:
ACON_CITY	City:
ACON_STATE	State:
ACON_ZIP	Zip:
ACON_PHONE	Telephone:
ACON_EXT	Extension:
ACON_FAX	Fax:
ACON_EMAIL	E-mail:

## Section 2: Key Personnel

### Project Staffing

Please provide information on the total project staffing for your ATP-funded project during the past reporting year.

The past reporting year covers the period [PY\_START] to [PY\_END].

**PROJ\_EMPLOY** (0-99)

How many employees in total from your company worked on the ATP-funded project during the past reporting year?

\_\_\_\_ Total employees

**PROJ\_FTE** (0.00-99.99)

How many full-time equivalent (FTE) employees from your company worked on the ATP project during the past reporting year?

\_\_\_\_ FTE employees

### Key Project Personnel

The names of key personnel identified on previous BRS reports are listed in the table below. Please update the full-time equivalent (FTE) time contributed to the ATP project by the listed key personnel member in the past reporting year.

You will have an opportunity to add the names of new key personnel in a separate table.

First Name	Last Name	% FTE on ATP project reported on last BRS report	% FTE on ATP project in past reporting year
KP#_FNAME	KP#_LNAME	KP#_FTE	

**Programmer note: No row additions would be allowed on this table. If possible, please sort the records in descending order by KP#\_FTE.**

In the table below, please add the names of any other employees from your company who are now considered key personnel for the ATP project at this time.

First Name	Last Name	Gender	Position Title	Delete Entry
		Male.....1 Female.....2		
		Male.....1 Female.....2		
		Male.....1 Female.....2		
KP#_FNAME	KP#_LNAME	KP#_GNDR	KP#_TITLE	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

**[Programming note: The same person should not be listed more than once in this table, nor should it duplicate names listed in the table on 2-1]**

**[Programming note: Only new key personnel should be pre-filled in the remaining tables of Section 2. If there are no new KP, the program should skip to Section 3]**

For the key personnel listed below, please indicate the citizenship status of each person.

Name	Citizenship Status
[KP#_FNAME KP#_LNAME]	Born U.S. citizen = 1 Naturalized U.S. citizen =2 Permanent resident=3 Other=4
[KP#_FNAME KP#_LNAME]	KP#_CITIZEN

For the key personnel listed below, please indicate graduate degrees that each person holds. Check all that apply for each person.

Name	Master's	PhD	MD	Other graduate degree
[KP#_FNAME KP#_LNAME]				
[KP#_FNAME KP#_LNAME]	KP#_M	KP#_PHD	KP#_MD	KP#_OTH

For the key personnel listed below, please enter the university and department where the degree indicated was earned.

Name	Graduate degree	University	Department
[KP#_FNAME KP#_LNAME]	[highest degree selected in table above]		
[KP#_FNAME KP#_LNAME]		KP#_DEG_UNIV	KP#_DEG_DEPT

**[Programmer note: Show only the “highest” graduate degree selected in previous table. The order of priority is: (1) PhD, (2) MD, (3) Master’s, (4) Other graduate degree.]**

For the key personnel listed below, please enter the total years of work experience of each person.

Name	Years of Work Experience
	__ years
[KP#_FNAME KP#_LNAME ]	
[KP#_FNAME KP#_LNAME ]	KP#_WRKEXP (0-99)

For the key personnel listed below, please indicate the role(s) each person serves on the ATP-funded project. Check all that apply for each person.

Name	Technical Role	Business Development Role	Management Role
[KP#_FNAME KP#_LNAME]			
[KP#_FNAME KP#_LNAME]	KP#_TECHROLE	KP#_BUSROLE	KP#_MGMTROLE

In the table below, please indicate the full-time equivalent (FTE) time contributed to the project by these key personnel during the past reporting year.

Name	Position Title	FTE time on the ATP project (0.00-1.00)
[KP#_FNAME KP#_LNAME ]	[KP#_TITLE]	
[KP#_FNAME KP#_LNAME ]	[KP#_TITLE]	KP#_FTE (0.00-1.00)

### Section 3: Subcontractors

#### Subcontractor Information

Please review the information provided for each subcontractor identified in earlier BRS reports. If the name or location of the subcontractor has changed, click on the “Edit button” to update that information. If the identity or address information for the contact person at the subcontractor has changed, the “Edit” button will allow you to update that information also. You will have the opportunity to add new subcontractors in a separate table.

	Subcontractor Organization Name	City	State
Edit			
Edit			
Edit			
	SUB#_ORG	SUB#_CITY	SUB#_STATE

**Programmer notes:**

- If there are no old subcontractors to review, then skip to NEW\_SUB on 3-3.
- Set SUB#\_EDITED = 1 for each subcontractor record that was edited. The Edit pop-up window should contain the following pre-filled but editable information:

**Subcontractor organization information:**

Organization name: [SUB#\_ORG]  
 Organization city: [SUB#\_CITY]  
 Organization state: [SUB#\_STATE]  
 Organization zip code: [SUB#\_ZIP]

**Subcontractor contact person information:**

First Name: [SUB#\_CON\_FNAME]  
 Last Name: [SUB#\_CON\_LNAME]  
 Salutation: [SUB#\_CON\_SALUT (Dr., Mr., Miss, Mrs., Ms.)]  
 Position Title: [SUB#\_CON\_TITLE]  
 Gender: [SUB#\_CON\_GNDR (Male, Female)]  
 Organization Name Line 1: [SUB#\_CON\_ORG1]  
 Organization Name Line 2: [SUB#\_CON\_ORG2]  
 Address Line 1: [SUB#\_CON\_ADD1]  
 Address Line 2: [SUB#\_CON\_ADD2]  
 Address Line 3: [SUB#\_CON\_ADD3]  
 City: [SUB#\_CON\_CITY]  
 State: [SUB#\_CON\_STATE]  
 Zip: [SUB#\_CON\_ZIP]  
 Telephone: [SUB#\_CON\_PHONE]  
 Ext.: [SUB#\_CON\_EXT]  
 E-mail: [SUB#\_CON\_EMAIL]

Please indicate the total disbursements in the past project year for each subcontractor identified in earlier BRS reports.

<b>Subcontractor Organization Name</b>	<b>City</b>	<b>State</b>	Total disbursements in the past project year to this subcontractor (dollar amount)	Dollar units
				Thousands= 1 Millions =2
SUB#_ORG	SUB#_CITY	SUB#_STATE	SUB#_PAST1_AMT	SUB#_PAST1_AMT_UNIT

**NEW\_SUB**

Does your company have any new subcontractors for the ATP project?

**[If TYPE\_OF\_PARTICIPATION = JVL or JVP]**

For joint venture (JV) projects, please report only subcontractors that your company pays directly. Other JV partner organizations will report subcontractors that they pay directly.

Yes .....1

No.....2

**Programming note: the remainder of Section 3 only applies if NEW\_SUB = 1 (Yes). If NEW\_SUB =2, skip to Section 4.**

In the table below, please identify new subcontractors working for your company on the ATP-funded project.

<b>Subcontractor Organization Name</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Delete Entry</b>
<a href="#">SUB#_ORG</a>	<a href="#">SUB#_CITY</a>	<a href="#">SUB#_STATE</a>	<a href="#">SUB#_ZIP</a>	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

**[Fill out for each new subcontractor listed]**

**SUB#\_ORGTTYPE (REQUIRED VARIABLE)**

The subcontractor [SUB#\_ORG] is a: (Check one)

- For-profit business .....1
- University.....2
- Government laboratory .....3
- Non-profit organization .....4
- Other type of organization .....5

**SUB#\_EMPLOY**

How many total employees does this subcontractor have?

- Fewer than 10.....1
- 10 to 99 .....2
- 100 to 499 .....3
- 500 or more .....4

Please provide information for the person at [SUB#\_ORG] responsible for carrying out the work on the subcontract.

- SUB#\_CON\_FNAME First Name
- SUB#\_CON\_LNAME Last Name
- SUB#\_CON\_SALUT [Drop down box with following options:  
Dr., Mr., Miss, Mrs., Ms.]
- SUB#\_CON\_TITLE Position Title
- SUB#\_CON\_GNDR Gender Male\_\_\_ Female \_\_\_\_\_
- SUB#\_CON\_ORG1 Organization Name Line 1
- SUB#\_CON\_ORG2 Organization Name Line 2
- SUB#\_CON\_ADD1 Address Line 1
- SUB#\_CON\_ADD2 Address Line 2
- SUB#\_CON\_ADD3 Address Line 3
- SUB#\_CON\_CITY City
- SUB#\_CON\_STATE State
- SUB#\_CON\_ZIP Zip
- SUB#\_CON\_PHONE Telephone
- SUB#\_CON\_EXT Ext.
- SUB#\_CON\_EMAIL E-mail

**SUB#\_PRIOR**

Has your company worked with this subcontractor before (i.e., prior to the current ATP project)?

- Yes .....1
- No.....2

**SUB#\_PRIORYRS (1-99)**

If yes, how many years of experience has your company had working with this subcontractor?

\_\_\_\_ Years

**SUB#\_AMOUNT (0.00-999.99)**

What is the total amount of this subcontract for the ATP project?

- \$ \_\_\_\_\_
- Thousands .....1      **SUB#\_AMOUNT\_UNITS**
- Millions .....2

**SUB#\_PAST1\_AMT**

What were the total disbursements in the past project year to this subcontractor?

- \$ \_\_\_\_\_
- Thousands .....1      **SUB#\_PAST1\_AMT\_UNITS**
- Millions .....2

Does the work performed by this subcontractor on the ATP project involve:

		Yes	No
<b>SUB#_RD</b>	Collaborative R&D?	1	2
<b>SUB#_EQUIP</b>	Design and delivery of specialized equipment?	1	2
<b>SUB#_MAT</b>	Provision of specialized materials?	1	2
<b>SUB#_TEST</b>	Testing or laboratory services?	1	2
<b>SUB#_OTH</b>	Other	1	2
<b>SUB#_OS</b>	Please specify:		

**SUB#\_DESC**

Please briefly describe the subcontract work, and indicate why this subcontractor was selected to perform the work.

\_\_\_\_\_

## Section 4: Company Characteristics

### Background Information

#### Company Developments

Consider the past reporting year [PY\_START] to [PY\_END].

Have any of the following significant events occurred at your company during the past reporting year? *(Please check all that apply.)*

- |   |                   |
|---|-------------------|
| <input type="checkbox"/> Change in company top management             | SIG_EVENT_TOP     |
| <input type="checkbox"/> Change in strategic direction of the company | SIG_EVENT_DIR     |
| <input type="checkbox"/> Change in company ownership                  | SIG_EVENT_OWN     |
| <input type="checkbox"/> Company re-structuring                       | SIG_EVENT_RESTRUC |
| <input type="checkbox"/> Company merger/acquisition activity          | SIG_EVENT_MERGER  |
| <input type="checkbox"/> Financial difficulty and/or downsizing       | SIG_EVENT_DOWN    |
| <input type="checkbox"/> Other, please specify: _____                 | SIG_EVENT_OTH     |
|   | SIG_EVENT_OS      |
| <input type="checkbox"/> None of the above                            | SIG_EVENT_NONE    |

Please provide descriptive information for your company [COMP\_NAME]

#### COMP\_FORM (REQUIRED VARIABLE)

Is your company [COMP\_NAME] a:

- |  |   |
|--|---|
| <input type="checkbox"/> Sole proprietorship?.....             | 1 |
| <input type="checkbox"/> Partnership?.....                     | 2 |
| <input type="checkbox"/> Limited liability company (LLC)?..... | 3 |
| <input type="checkbox"/> Corporation? .....                    | 4 |

#### COMP\_MULTI\_ESTAB

Does your company currently have more than one business location?

- |           |   |
|-----------|---|
| Yes ..... | 1 |
| No.....   | 2 |

**[If COMP\_FORM = Corporation]**

**COMP\_PUB**

Is your company [COMP\_NAME] a public company (i.e., company stock is publicly traded)?

Yes .....1  
No.....2

**COMP\_PUB\_TICKER**

If yes, please provide the stock ticker symbol for your company:

\_\_\_\_ Stock ticker symbol

**[If COMP\_FORM ≠ Corporation, then set COMP\_PUB = No]**

### Employment Information

Please provide employment information for your company [COMP\_NAME].

**COMP\_EMPLOY** (0-999,999)

Including full-time and part-time employees, how many employees did your company have at the end of the last calendar quarter?

\_\_\_\_\_ Total employees

**COMP\_EMPLOY\_RD** (0-999,999)

Including full-time and part-time employees, how many employees at your company worked **in R&D** at the end of the last calendar quarter?

\_\_\_\_\_ R&D employees

## Financial Information

Please provide the following financial information for your company [COMP\_NAME] from your last fiscal year financial report.

### COMP\_FISCALYR

What was the closing date for your last fiscal year reporting period?

\_\_\_\_Month/Day/Year (Month: 1-12, Day: 1-31, Year: 2000-2005)

### COMP\_REVENUE (0.00-999.99)

Including all sources of revenue (e.g., sales, licensing, research contracts, grants, etc.), what were total company revenues for the last fiscal year?

\$ \_\_\_\_\_

Thousands .....1

Millions .....2

Billions .....3

COMP\_REVENUE\_UNITS

### COMP\_RD (0.00-999.99)

What were total R&D expenditures at your company for the last fiscal year?

\$ \_\_\_\_\_

Thousands .....1

Millions .....2

Billions .....3

COMP\_RD\_UNITS

**[If COMP\_PUB = No]**

Please provide additional financial information for your company [COMP\_NAME] from your last fiscal year financial report.

**Income Statement**

- If applicable, please report negative numbers using a minus sign rather than parentheses.
- Only the following line items may be reported as negative numbers:
  - Sales
  - Income Before Taxes
  - Net Income

Amounts are reported in:

Thousands .....1  
 Millions .....2  
 Billions .....3

**INCOME\_STATE\_UNITS**

COMP_SAL	Sales	\$ _____	(-999.9999-999.9999)
COMP_OTHREV	Other revenue	\$ _____	(0.0000-999.9999)
COMP_COS	Expenses	\$ _____	(0.0000-999.9999)
COMP_OI	Income Before Taxes	\$ _____	(-999.9999-999.9999)
COMP_NI	Net Income	\$ _____	(-999.9999-999.9999)

**Balance Sheet**

- If applicable, please report negative numbers using a minus sign rather than parentheses. Only Owner’s Equity may be reported as a negative number.
- Please note that Total Assets should equal Total Liabilities + Owner’s Equity.

Amounts are reported in:

Thousands .....1  
 Millions .....2  
 Billions .....3

**BALANCE\_STATE\_UNITS**

COMP_ASSET_CURR	Current assets	\$ _____	(0.0000-999.9999)
COMP_ASSET_LT	Long-term assets	\$ _____	(0.0000-999.9999)
COMP_ASSET	Total Assets	\$ _____	(0.0000-999.9999)
COMP_LIAB_CURR	Current liabilities	\$ _____	(0.0000-999.9999)
COMP_LIAB_LT	Long-term liabilities	\$ _____	(0.0000-999.9999)
COMP_LIAB	Total Liabilities	\$ _____	(0.0000-999.9999)
COMP_EQUITY	Owners’ Equity	\$ _____	(-999.999-999.9999)

**Investment Information**

**EQUITY\_SEEK**

Since the start of the project, did your company seek equity investment from individual investors (i.e., angel investors), venture capital, or other companies?

Yes .....1

No.....2

**EQUITY\_RECEIVE**

Since the start of the project, did your company receive equity investment from individual investors (i.e., angel investors), venture capital, or other companies?

Yes .....1

No.....2

**[If EQUITY\_RECEIVE = 1 (Yes)]**

**Investment Information**

The past reporting year covers the project period [PY\_START] to [PY\_END].

**INV\_INDIV**

During the past reporting year, did your company receive equity investment from individual investors (i.e., “angel” investors)?

- Yes .....1
- No.....2

**INV\_INDIV\_AMT (0.00-999.99)**

If yes, how much equity investment did your company receive from individual investors?

- \$ \_\_\_\_\_ Thousands .....1 **INV\_INDIV\_UNITS**
- Millions .....2

**INV\_VC**

During the past reporting year, did your company receive equity investment from venture capital?

- Yes .....1
- No.....2

**INV\_VC\_AMT (0.00-999.99)**

If yes, how much equity investment did your company receive from venture capital?

- \$ \_\_\_\_\_ Thousands .....1 **INV\_VC\_UNITS**
- Millions .....2

**INV\_CORP**

During the past reporting year, did your company receive equity investment from other companies?

- Yes .....1
- No.....2

**INV\_CORP\_AMT (0.00-999.99)**

If yes, how much equity investment did your company receive from other companies?

- \$ \_\_\_\_\_ Thousands .....1 **INV\_CORP\_UNITS**
- Millions .....2

### R&D Characteristics of Your Company

You reported that your company's total R&D expenditures for the fiscal year were: [COMP\_RD][COMP\_RD\_UNITS].

**[If COMP\_RD > 0]**

What percent of your company's R&D expenditures last fiscal year was devoted to:

Basic Research	_____%	COMP_RD_BAS	(0-100)
Applied Research	_____%	COMP_RD_APP	(0-100)
Product Development	_____%	COMP_RD_DEV	(0-100)

SUM = 100%

**Programmer note: If the values for the above 3 variables do not sum to 100%, the user should get an error message**

COMP\_RD\_LT (0-100)

What percent of your company's R&D expenditures last fiscal year was devoted to projects with a duration of three years or more?

\_\_\_\_\_%

COMP\_RD\_EXT (0-100)

What percent of your company's R&D expenditures last fiscal year was funded from external resources (e.g., government sources, other companies)?

\_\_\_\_\_%

**If COMP\_RD\_EXT > 0:**

Of your company's **externally** funded R&D expenditures last fiscal year, what percent was from:

Federal government	_____%	COMP_RD_FED	(0-100)
State and local government	_____%	COMP_RD_STATE	(0-100)
Other companies	_____%	COMP_RD_CORP	(0-100)
Other external sources	_____%	COMP_RD_OTH	(0-100)

SUM = 100%

**Programmer note: If the values for the above 4 variables do not sum to 100%, the user should get an error message**

**[If COMP\_EMPLOY < 500]**

The past reporting year covers the project period [PY\_START] to [PY\_END].

**COMP\_SBIR**

During the past reporting year, did your company receive any new funding awards from a federal government SBIR program?

Yes .....1

No.....2

If yes, specify agency: \_\_\_\_\_ COMP\_SBIR\_SPEC

During the past reporting year, did your company receive any assistance for R&D or business development through:

\_ A state or local government program COMP\_LOCALPROG

\_ A university program COMP\_UNIVPROG

\_ A technology or business incubator COMP\_INCUBATOR

(Please check all that apply.)

[If COMP\_MULTI\_ESTAB = Yes]

**R&D Characteristics of Your Location**

Since your company has more than one business location, please answer the following questions with respect to your own specific location.

**ESTAB\_TYPE**

Is your business location dedicated exclusively to R&D (i.e., your business location performs only R&D, and no other functions such as manufacturing, sales, etc.)?

- Yes .....1
- No.....2

**ESTAB\_RD (0.00-999.99)**

What were total R&D expenditures at your business location for the last fiscal year?

\$ \_\_\_\_\_

- Thousands .....1
- Millions .....2
- Billions.....3

**ESTAB\_RD\_UNITS**

**ESTAB\_EMPLOY (0-99,999)**

At the end of the last calendar quarter, how many employees worked at your business location?

\_\_\_\_ Employees

**ESTAB\_EMPLOY\_RD (0-99,999)**

At the end of the last calendar quarter, how many employees worked **in R&D** at your business location?

\_\_\_\_ R&D employees

### Section 5: Research Effort

#### ATP Project

Please provide information for the past reporting year [PY\_START] to [PY\_END].

During the past reporting year, how much has your company spent on the ATP project under the Cooperative Agreement?

**PROJ\_EXPEND\_OWN** (0.00-999.99)

Actual project expenditure from own sources:

\$ \_\_\_\_\_

Thousands .....1  
Millions .....2

**PROJ\_EXPEND\_OWN\_UNITS**

**PROJ\_EXPEND\_ATP** (0.00-999.99)

Actual project expenditure from ATP sources:

\$ \_\_\_\_\_

Thousands .....1  
Millions .....2

**PROJ\_EXPEND\_ATP\_UNITS**

**PROJ\_ADD\_RD**

During the past reporting year, did your company incur additional R&D expenditures related to the ATP project (beyond the Cooperative Agreement)?

Yes .....1  
No.....2

**If Yes:**

**PROJ\_ADD\_AMT** (0.00-999.99)

How much did your company spend on additional R&D expenditures related to the ATP project (beyond the Cooperative Agreement)?

Additional project-related R&D expenditure:

\$ \_\_\_\_\_

Thousands .....1  
Millions .....2

**PROJ\_ADD\_AMT\_UNITS**

**Line of Research**

The specific **line of research** represented by your ATP project was described as follows in a previous ATP report:

**Pre-fill LOR\_DESC from previous report**

For the next few items, please consider your company's R&D expenditure in this line of research, aside from ATP project and related R&D expenses.

Please provide information for the past reporting year [PY\_START] to [PY\_END].

**LOR\_PAST1\_RD (0.00-999.99)**

During the past reporting year, how much R&D expenditure did your company devote to this line of research, excluding the ATP-funded project? (Your best estimate is fine. Please include expenditures from both internal and external sources of funding.)

\$ \_\_\_\_\_

Thousands.....1  
Millions.....2

**LOR\_PAST1\_RD\_UNITS**

**[If LOR\_PAST1\_RD > 0]**

**LOR\_PAST1\_RD\_EXT (0-100)**

In the past reporting year, what percent of the R&D expenditure for this line of research (excluding the ATP project) was funded from external sources outside your company (e.g., government sources, other companies)?

\_\_\_\_\_ %    Percent of R&D funded from external sources

**[If LOR\_PAST1\_RD\_EXT > 0]**

Excluding the ATP project, please indicate the sources of external funding for this line of research during the past reporting year.

In the past reporting year, has your company receive funding from any of the following sources?

**LOR\_FED, LOR\_FED\_SPEC**

Federal government programs

- Yes .....1
- No.....2
- Don't Know ..... -7

If Yes:

Specify agency and program:

---



---

**LOR\_LOCAL**

State and local government programs

- Yes .....1
- No.....2
- Don't Know ..... -7

**LOR\_OTH**

Other companies

- Yes .....1
- No.....2
- Don't Know ..... -7

## Section 6: Project Management

### Project Progress

#### CHANGE\_GOALS

During the past reporting year, did the project team make significant changes to the previously agreed upon project goals and milestones?

- Yes .....1
- No.....2

**IF CHANGE\_GOALS = 1 (Yes):**

#### GOALS\_AMBIT

Relative to the previously agreed upon goals and milestones, how ambitious would you say are the goals and milestones as currently conceived?

- |                                       |                   |                     |
|---------------------------------------|-------------------|---------------------|
| Much less ambitious                   | Equally ambitious | Much more ambitious |
| 1-----2-----3-----4-----5-----6-----7 |                   |                     |

#### PROJ\_PROGRESS

How satisfied are you with progress and achievements to date on your project?

- Very satisfied .....5
- Satisfied.....4
- Neither satisfied nor dissatisfied.....3
- Dissatisfied.....2
- Very dissatisfied.....1

#### PROJ\_SCHEDULE

Are you ahead, behind, or on-track with project milestones and goals?

- Well ahead .....5
- Somewhat ahead .....4
- On-track .....3
- Somewhat behind.....2
- Well behind.....1

**[If TYPE\_OF\_PARTICIPATION = JVL or JVP]**

**Project Communication**

**JV\_MEETINGS (0-99)**

During the past reporting year, how many project review meetings were held where all partners in the JV were represented?

\_\_\_\_ Number of meetings

**JV\_JOINTWORK (0-999)**

During the past reporting year, how much staff time, in person-days, did your company devote to carrying out joint work on project tasks with staff from your JV partners?

\_\_\_\_ Number of person-days

**JV\_COMMUNICATION**

During the past reporting year, how frequently did staff from your company communicate by telephone, email, or video-conference with staff from your JV partners?

- Several times a week.....5
- Weekly .....4
- Biweekly .....3
- Monthly.....2
- Quarterly .....1

**Business Planning**

Think about your management and business planning for your ATP-funded technology during the past year. We want to know about the frequency of meetings between your technical and business staff. For each issue select the choice that best describes the frequency of such meetings over the past year.

	More than once a week	Several times a month	About once a month	Several times a year	Once or twice a year	Less often than once a year
<b>RESPLAN</b> Research planning						
<b>RESPROGRESS</b> Research progress and milestones	6	5	4	3	2	1
<b>COMMSTRATEGY</b> Commercialization strategy	6	5	4	3	2	1
<b>COMPET_ACTIV</b> Competitors' technical and commercial activities	6	5	4	3	2	1

## Section 7: Research Outputs

The following section concerns the research output that may have been generated from your company's ATP-funded technology. The section is divided into five parts: presentations, publications, patent applications, issued patents, and project awards. You will be asked to provide the following information for each subsection:

### **Presentations:**

Date of presentation  
Title of presentation  
Name of meeting or conference  
Location of meeting or conference (city, state, country)  
Approximate attendance  
Author names

### **Publications:**

Date of paper  
Title of paper  
Status of paper (unpublished, submitted for publication, accepted for publication)  
Name of journal of publication where paper was submitted or published (if applicable)  
Volume, issue, page numbers (if published)  
Author names

### **Patent applications:**

Application number  
Application date  
Application title  
Status of application (pending, issued, abandoned, denied)  
Assignee name  
Type of application  
Inventor names

### **Patents issued:**

Patent number  
Issue date  
Patent title  
Assignee name  
Inventor names

### **Project awards:**

Title of award  
Year of award  
Awarding organization  
Type of award (scientific/technical, business/industry)

### Presentations

We are interested in conference or meeting presentations where your company has publicly disseminated information about your ATP-funded project.

Please review the information provided for each presentation identified in earlier BRS reports. If the date, title, conference name or author list of the presentation is incorrect, click on the “Edit button” to correct that information. You will have the opportunity to add new presentations in a separate table.

	Date of Presentation (MM/YYYY)	Title of Presentation	Name of Meeting or Conference
Edit			
Edit			
Edit			
	CP#_DATE	CP#_TTL	CP#_CONF

**Programmer notes:**

- If there are no presentations for the respondent to review, skip to the table on page 7-3
- Set CP#\_EDITED = 1 for each presentation record that was edited. The Edit pop-up window should contain the following pre-filled but editable information:

**Presentation information:**

Date of Presentation (MM/YYYY): [CP#\_DATE]  
 Title of Presentation: [CP#\_TTL]  
 Name of Meeting or Conference: [CP#\_CONF]  
 Authors: [Author Table]

In the table below, please provide information about any previously unreported presentations regarding the ATP project made by staff of your company.

Date of Presentation (MM/YYYY)	Title of Presentation	Name of Meeting or Conference	Delete Entry
<a href="#">CP#_DATE</a>	<a href="#">CP#_TTL</a>	<a href="#">CP#_CONF</a>	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

**[PROGRAMMER NOTE: PLEASE LOOP THROUGH THE FOLLOWING ITEMS FOR EACH NEW PRESENTATION LISTED IN THE PREVIOUS TABLE. IF THERE ARE NO NEW PRESENTATIONS, SKIP TO PAGE 7-5.]**

Please provide the requested information for the following presentation:

Date of Presentation: [CP#\_DATE]

Title of Presentation: [CP#\_TTL]

Meeting or Conference: [CP#\_CONF]

Where was the meeting or conference held?

CP#\_CITY City: \_\_\_\_\_

CP#\_STATE State: \_\_\_\_\_

CP#\_COUNTRY Country: \_\_\_\_\_

**CP#\_ATTEND**

Approximately how many people attended this presentation?

1-24 persons.....1

25-99 persons.....2

100+ persons.....3

Please enter all author names on the presentation in the table below:

First Name	Last Name	Delete Entry
CP#_FN	CP#_LN	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

**Papers and Publications**

We are interested in papers and publications authored by staff of your company that publicly disseminates information and results from your ATP-funded project.

Please update the status the information provided for each paper/publication identified in earlier BRS reports.

If the date, title, or author list of the paper/publication is incorrect, click on the “Edit button” to correct that information. You will have the opportunity to add previously unreported papers/publications in a separate table.

	Date of Paper (MM/YYYY)	Title of Paper	Status of paper
Edit			Unpublished paper.....1 Submitted for publication.....2 Accepted for publication.....3
Edit			
Edit			
	PP#_DATE	PP#_TTL	PP#_STATUS

**Programmer notes:**

- If there are no publications for the respondent to review, skip to the table on page 7-6
- For every record with a changed status, please loop through the appropriate set of items listing on the following pages (e.g., unpublished papers get the items on page 7-7).
- Set PP#\_EDITED = 1 for each paper/publication record that was edited. The Edit pop-up window should contain the following pre-filled but editable information:

**Paper/Publication information:**

Date of Paper (MM/YYYY): [PP#\_DATE]

Title of Paper: [PP#\_TTL]

Authors: [Author Table]

In the table below, please indicate previously unreported ATP-related papers authored by staff of your company.

Date of Paper (MM/YYYY)	Title of Paper	Status of Paper
		Unpublished paper.....1 Submitted for publication.....2 Accepted for publication.....3
<a href="#">PP#_DATE</a>	<a href="#">PP#_TTL</a>	<a href="#">PP#_STATUS</a>

Add/Update

Press 'Add/Update' button to add another row, or to update table.

**Programming note: If there are no new publications and no old publications with a change in status, then skip to the patent application subsection.**

**[PROGRAMMER NOTE: PLEASE LOOP THROUGH THE FOLLOWING ITEMS FOR EACH PUBLICATION LISTED AS “UNPUBLISHED”]**

Please provide the requested information for the following paper:

Title of Paper: [PP#\_TTL]

Date of Paper: [PP#\_DATE]

Please enter all author names for the paper in the table below:

First Name	Last Name	Delete Entry
PP#_FN	PP#_LN	

Add/Update

Press ‘Add/Update’ button to add another row, or to update table.

**[Programmer note: Pre-fill author names if available from an old record (i.e., the records on page 7-5)]**

**[PROGRAMMER NOTE: PLEASE LOOP THROUGH THE FOLLOWING ITEMS FOR EACH PUBLICATION LISTED AS “SUBMITTED FOR PUBLICATION”]**

Please provide the requested information for the following paper:

Title of Paper: [PP#\_TTL]

Date of Paper: [PP#\_DATE]

PP#\_PUB      Name of journal or publication submitted to: \_\_\_\_\_

Please enter all author names for the paper in the table below:

First Name	Last Name	Delete Entry
PP#_FN	PP#_LN	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

**[Programmer note: Pre-fill author names if available from an old record (i.e., the records on page 7-5)]**

**[PROGRAMMER NOTE: PLEASE LOOP THROUGH THE FOLLOWING ITEMS FOR EACH PUBLICATION LISTED AS “ACCEPTED FOR PUBLICATION”]**

Please provide the requested information for the following paper:

Title of Paper: [PP#\_TTL]

Date of Paper: [PP#\_DATE]

PP#\_PUB Name of journal or publication: \_\_\_\_\_

Please provide additional citation information, if known:

PP#\_VOL Volume number: \_\_\_\_\_

PP#\_ISSUE Issue number: \_\_\_\_\_

PP#\_PGS Page numbers: \_\_\_\_\_

Please enter all author names for the paper in the table below:

First Name	Last Name	Delete Entry
PP#_FN	PP#_LN	

Add/Update

Press ‘Add/Update’ button to add another row, or to update table.

**[Programmer note: Pre-fill author names if available from an old record (i.e., the records on page 7-5)]**

### Patent Applications

Please update the status the information provided for each patent application identified in earlier BRS reports.

If the application number, date, title, or inventor name list of the patent application is incorrect, click on the “Edit button” to correct that information. You will have the opportunity to add previously unreported patent applications in a separate table.

	Application Number	Application Date	Application Title	Status of Application
Edit				Pending.....1 Issued.....3 Abandoned...2 Denied.....9
Edit				
Edit				
	PA#_APN	PA#_APD	PA#_TTL	PA#_STATUS

**Programmer notes:**

- **Programming note:** If there are no old patent applications to review, then skip to the table on 7-11.
- **For every record with a status change to “Issued”** prefill that record in the Patents Issued table on page 7-13.

**Programmer note:** Set PA#\_EDITED = 1 for each patent application record that was edited. The Edit pop-up window should contain the following pre-filled but editable information:

**Patent application information:**

Application Number: [PA#\_APN]  
 Application Date: [PA#\_APD]  
 Application Title: [PA#\_TTL]  
 Inventors: [Inventor name table]

In the table below, please indicate previously unreported ATP-related patent applications authored by staff of your company.

Application Number	Application Date	Application Title	Status of Application
			Pending.....1 Issued.....3 Abandoned...2 Denied.....9
PA#_APD		PA#_TTL	PA#_STATUS

Add/Update

Press 'Add/Update' button to add another row, or to update table.

**Programming note: If there are no new patent applications and no old patent applications with a change in status, then skip to the patents issued subsection.**

**[PROGRAMMER NOTE: PLEASE LOOP THROUGH THE FOLLOWING ITEMS FOR EACH NEW PATENT APPLICATION]**

Please provide additional information for the following patent application:

Application Number: [PA#\_APN]

Application Date: [PA#\_APD]

Application Title: [PA#\_TTL]

[PA#\\_AN](#)

Please indicate the Assignee Name for this patent application: \_\_\_\_\_

[PA#\\_TYPE](#)

Please indicate the type of patent application:

US patent application.....1

Patent Cooperation Treaty,.....2

Foreign patent application,.....3

please specify country [PA#\\_TYPE\\_OS](#)

[PA#\\_STATUS](#)

What is the current status of this patent application filed by your company.

Pending.....1

Issued.....3

Abandoned.....2

Denied.....9

Please enter all inventor names for the patent application in the table below:

First Name	Last Name	Delete Entry
<a href="#">PA#_FN</a>	<a href="#">PA#_LN</a>	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

### Patents Issued

Please update the status the information provided for each issued patent identified in earlier BRS reports.

If the patent number, issue date, title, or inventor name list of the issued patent is incorrect, click on the “Edit button” to correct that information. You will have the opportunity to add previously unreported issued patents in a separate table.

	Patent Number	Issue Date	Patent Title
Edit			
Edit			
Edit			
	PI#_PN	PI#_ISD	PI#_TTL

**Programmer notes:**

- Pre-fill with NIST records and where PA#\_STATUS = “Issued” from the patent application subsection.
- Programming note: If there are no old issued patents to review and no new patent applications with a status=issued, then skip to the table on 7-14.
- Set PI#\_EDITED = 1 for each patent record that was edited. The Edit pop-up window should contain the following pre-filled but editable information:

**Patent information:**

Patent Number:	[PI#_PN]
Issue Date:	[PI#_ISD]
Patent Title:	[PI#_TTL]
Inventors:	[Inventor name table]

**Programmer note: pre-fill with records where PA#\_STATUS = “Issued” from the patent application subsection.**

**Only two types of records should appear in this table:**

- **Newly reported patent applications with a status of “issued”**
- **Previously reported patent applications with a change in status to “issued”**

You have previously indicated that the patent applications listed below have resulted in issued patents. Please indicate the patent number, issue date, and patent title for each of these records.

Application Number	Application Title	Patent Number	Issue Date	Patent Title
PA#_APN	PA#_TTL	PI#_PN	PI#_ISD	PI#_TTL

**[PROGRAMMER NOTE: PLEASE LOOP THROUGH THE FOLLOWING ITEMS FOR EACH PATENT LISTED IN THE TABLE ON PAGE 7-14. If there are no patent applications that have become issued patents, then skip to table on page 7-16.]**

Please provide the requested information for the following issued patent:

Patent Number: [PI#\_PN]

Issue Date: [PI#\_ISD]

Patent Title: [PI#\_TTL]

Please enter all inventor names for the issued patent in the following table:

First Name	Last Name	Delete Entry
PI#_LN	PI#_FN	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

PI#\_AN

What is the Assignee Name for this patent? \_\_\_\_\_

In the table below, please indicate previously unreported issued patents resulting from the ATP-funded project.

Patent Number	Issue Date	Patent Title	Delete Entry
PI#_PN	PI#_ISD	PI#_TTL	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

**[PROGRAMMER NOTE: PLEASE LOOP THROUGH THE FOLLOWING ITEMS FOR EACH PATENT LISTED IN THE TABLE ON PAGE 7-16]**

Please provide the requested information for the following issued patent:

Patent Number: [PI#\_PN]

Issue Date: [PI#\_ISD]

Patent Title: [PI#\_TTL]

Please enter all inventor names for the issued patent in the following table:

First Name	Last Name	Delete Entry
PI#_LN	PI#_FN	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

PI#\_AN

What is the Assignee Name for this patent? \_\_\_\_\_

**Project-related Awards**

The titles and award dates of project-related awards that were identified on previous BRS reports are listed in the table below. Please review the information for accuracy.

You will have an opportunity to add the titles and award dates of new awards in a separate table.

	Title of Award	Year of Award	Awarding Organization
Edit			
Edit			
Edit			
	AWD#_TTL	AWD#_YR	AWD#_ORG

**Programming notes:**

- If there are no project awards for the respondent to review, skip to page 7-19 (PROJ\_AWDS\_NEW)
- Set AWD#\_EDITED = 1 for each award record that was edited. The Edit pop-up window should contain the following pre-filled but editable information:

**Project Award Information:**

Title of Award: [AWD#\_TTL]  
 Year of Award: [AWD#\_YR]  
 Awarding Organization: [AWD#\_ORG]

**PROJ\_AWDS\_NEW**

During the past reporting year, did your company or project team members receive any previously unreported scientific or industry awards related to your ATP project?

- Yes.....1
- No.....2

**If PROJ\_AWDS\_NEW = Yes:**

Please enter information about any new ATP project-related awards.

Title of Award	Year of Award	Awarding Organization
<a href="#">AWD#_TTL</a>	<a href="#">AWD#_YR</a>	<a href="#">AWD#_ORG</a>

Add/Update

Press 'Add/Update' button to add another row, or to update table.

Please indicate the type of award your company or project team members received:

Title of Award	Year of Award	Type of Award
		Scientific/Technical achievement.....1 Business/Industry achievement.....2
<a href="#">AWD#_TTL</a>	<a href="#">AWD#_YR</a>	<a href="#">AWD#_TYPE</a>

## Section 8: Technology Commercialization

### Commercialization Characteristics

The table below presents the line(s) of business at your company that **your project technology will serve** as they were reported on a previous BRS report. Please delete any outdated line(s) of business.

Name of line of business	Approximately what percent of your company's revenues are from this line of business?	Approximately what percent of your company's R&D expenditures are devoted to this line of business?	Delete Entry
	____%	____%	
[LOB#_NAME]	LOB#_REV (0-100)	LOB#_RD (0-100)	

Add/Update

Press 'Add/Update' button to update table.

In the table below, please list any previously unreported line(s) of business at your company that **your project technology will serve**.

Name of line of business	Approximately what percent of your company's revenues are from this line of business?	Approximately what percent of your company's R&D expenditures are devoted to this line of business?	Delete Entry
	____%	____%	
[LOB#_NAME]	LOB#_REV (0-100)	LOB#_RD (0-100)	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

**Commercialization Plans**

With commercialization of your ATP-funded technology, do you expect your company to carry-out.....	
<b>PROD_DEVEL</b> Product development?	Yes .....1 No.....2 Don't Know ..... -7 Not Applicable .... -8
<b>PROD_MANU</b> Manufacturing?	Yes .....1 No.....2 Don't Know ..... -7 Not Applicable .... -8
<b>PROD_MARKETING</b> Marketing/Sales?	Yes .....1 No.....2 Don't Know ..... -7 Not Applicable .... -8
<b>PROD_DISTRIB</b> Distribution?	Yes .....1 No.....2 Don't Know ..... -7 Not Applicable .... -8

**Commercialization Effort**

Please indicate the status of your collaboration plans and strategic partnership activities in each of the following commercialization areas for your ATP-funded technology.

	Current Status of Collaboration Activity					
Strategic collaboration activity	No collaboration planned	Collaboration planned, but no contacts established	Initial contacts	Follow-on discussions	Substantive negotiations	Actual commitments
<a href="#">PLAN_RES</a> Research						
<a href="#">PLAN_DEVEL</a> Product development	0	1	2	3	4	5
<a href="#">PLAN_MANU</a> Manufacturing	0	1	2	3	4	5
<a href="#">PLAN_TEST</a> Product testing						
<a href="#">PLAN_MARKET</a> Marketing/Sales	0	1	2	5	4	5
<a href="#">PLAN_DIST</a> Distribution	0	1	2	3	4	5
<a href="#">PLAN_OTH</a> Other	0	1	2	3	4	5
<a href="#">PLAN_OS</a> Please specify: _____						

**COMM\_CUSTOMERS**

Is your company actively pursuing customers for market applications from your ATP project technology? (Please consider both internal business unit customers and external customers.)

Yes .....1  
 No.....2

**[If COMM\_CUSTOMERS=Yes]**  
 How would you characterize the current status of your company’s efforts to identify customers for market applications from your ATP project technology? (Check all that apply.)

__ Initial contacts	<a href="#">CUST_IC</a>
__ Follow-on discussions	<a href="#">CUST DISS</a>
__ Substantive negotiations	<a href="#">CUST_NEG</a>
__ Actual commitments	<a href="#">CUST_COMMIT</a>

**Financial Returns**

Please indicate whether your company has received revenues or cost savings from a product or process that incorporates your ATP project technology.

Consider the past project year [PY\_START] to [PY\_END].

During the past project year, has your company earned revenues from a product that incorporates your ATP project technology from any of the following sources?

(Please check all that apply):

- Sales of goods and services that incorporate ATP-funded technology? REV\_GOODS
- Sale of ATP-funded technology? REV\_ATPSALE
- Provision of technical R&D services based on capabilities developed during your ATP project? REV\_SERVICES

**[If REV\_GOODS =1 (CHECKED)]**

**REV\_PROD\_AMT (0.00-999.99)**

How much in revenues did your company earn from this product?

\$ \_\_\_\_\_

Thousands ..... 1

Millions ..... 2

**REV\_PROD\_AMT\_UNITS**

**REV\_PROD\_AMT\_WO\_ATP**

Without ATP funding, how much in revenues do you think your company would have earned from this product?

More ..... 3

About the same ..... 2

Less ..... 1

None ..... 0

**[If REV\_ATPSALE =1 (CHECKED)]**

**REV\_ATPSALE\_AMT** (0.00-999.99)

How much in did your company earn from the sale of the ATP-funded technology?

\$ \_\_\_\_\_

Thousands ..... 1

Millions ..... 2

**REV\_ATPSALE\_AMT\_UNITS**

**SAV\_PROC**

During the past project year, did your company realize any cost savings from a new or improved production process that incorporates your ATP project technology?

Yes ..... 1

No..... 2

**[If SAV\_PROC=1 (Yes)]**

**SAV\_PROC\_AMT** (0.00-999.99)

How much in cost savings did your company realize?

\$ \_\_\_\_\_

Thousands ..... 1

Millions ..... 2

**SAV\_PROC\_AMT\_UNITS**

**SAVE\_PROC\_AMT\_WO\_ATP**

Without ATP funding, how much in cost savings do you think your company would have realized from whatever R&D your company might have pursued instead?

More ..... 3

About the same ..... 2

Less ..... 1

None ..... 0

Did these cost savings come from (please check all that apply):

New features?

Implementation of production processes that incorporate ATP-funded technology?

**SAV\_FEATURES**

**SAV\_PROD\_PROC**

The names and locations of licensors of your company’s ATP project technology that were identified on previous BRS reports are listed in the table below. Please review the information for accuracy.

You will have an opportunity to add the names and locations of new licensors in a separate table.

	Licensor Name	City	State	Country
Edit				
Edit				
Edit				
	LIC#_NAME	LIC#_CITY	LIC#_STATE	LIC#_COUNTRY

**Programming notes:**

- If there are no licenses for the respondent to review, skip to page 8-7 (COMM\_LICENSE\_NEW)
- Set LIC#\_EDITED = 1 for each license record that was edited. The Edit pop-up window should contain the following pre-filled but editable information:

**Project Award Information:**

Licensor Name: [LIC#\_NAME]  
 City: [LIC#\_CITY]  
 State: [LIC#\_STATE]  
 Country: [LIC#\_COUNTRY]

**COMM\_LICENSE\_NEW**

During the past project year, did your company establish any previously unreported agreements to license your ATP project technology to others?

- Yes .....1
- No.....2

**[If COMM\_LICENSE\_NEW = 1 (YES)]**

Please identify any new licensors of your ATP-funded technology.

Licensor Name	City	State	Country	Type of License	Delete Entry
				Exclusive.....1 Non-exclusive ..2	
<u>LIC#_NAME</u>	<u>LIC#_CITY</u>	<u>LIC#_STATE</u>	<u>LIC#_COUNTRY</u>	<u>LIC#_TYPE</u>	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

**ROY\_LIC**

During the past project year, did your company receive any royalties from licensing of technology from your ATP project?

- Yes .....1
- No.....2

**[If ROY\_LIC=1 (Yes)]**

**ROY\_LIC\_AMT (0.00-999.99)**

How much in royalties did your company receive?

\$ \_\_\_\_\_

- Thousands ..... 1
- Millions .....2

**ROY\_LIC\_AMT\_UNITS**

**ROY\_LIC\_AMT\_WO\_ATP**

Without ATP funding, how much in royalties do you think your company would have received from licensing of technology from whatever R&D your company might have pursued instead?

- More .....3
- About the same .....2
- Less .....1
- None.....0

**REV\_OTHER**

During the past project year, did your company receive any other revenue as a result of your ATP project (e.g., joint development revenues, contract research revenues)?

- Yes .....1
- No.....2

**[If REV\_OTHER=1 (Yes)]**

**REV\_OTHER\_AMT** (0.00-999.99)

How much other revenue did your company receive?

\$ \_\_\_\_\_

- Thousands ..... 1
- Millions .....2

**REV\_OTHER\_AMT\_UNITS**

**REV\_OTH\_AMT\_WO\_ATP**

Without ATP funding, how much of this other revenue do you think your company would have received from whatever R&D your company might have pursued instead?

- More .....3
- About the same .....2
- Less .....1
- None .....0

**REV\_OTHER\_DESC**

Please describe the nature of these other revenues.

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## Section 9: Future BRS Reports

### BRS Contact Person

The BRS Contact Person for your company will receive future emails and notifications regarding upcoming or active BRS reports. Please select from the table below which member of your staff you would like to designate to be the BRS Contact Person.

**[INSERT KEY PERSONNEL TABLE WITH “ADD A NEW NAME OPTION”]**

**If TCON, BCON, or ACON selected, pre-fill all available information:**

Please verify the following contact information for [selected name]:

RCON_FNAME	First Name
RCON_LNAME	Last Name
RCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs.]
RCON_TITLE	Position Title
RCON_GNDR	Gender      Male____ Female _____
RCON_ORG1	Organization Name Line 1
RCON_ORG2	Organization Name Line 2
RCON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please)</i>
RCON_ADD2	Street Address Line 2:
RCON_ADD3	Street Address Line 3
RCON_CITY	City
RCON_STATE	State
RCON_ZIP	Zip
RCON_PHONE	Telephone
RCON_EXT	Ext.
RCON_FAX	Fax
RCON_EMAIL	E-mail

**If old name that is not TCON, BCON, OR ACON selected (pre-fill all available information):**

Please provide the following contact information for [selected name]:

RCON_FNAME	First Name
RCON_LNAME	Last Name
RCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs.]
RCON_TITLE	Position Title
RCON_GNDR	Gender      Male_____ Female _____
RCON_ORG1	Organization Name Line 1
RCON_ORG2	Organization Name Line 2
RCON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please)</i>
RCON_ADD2	Street Address Line 2:
RCON_ADD3	Street Address Line 3
RCON_CITY	City
RCON_STATE	State
RCON_ZIP	Zip
RCON_PHONE	Telephone
RCON_EXT	Ext.
RCON_FAX	Fax
RCON_EMAIL	E-mail

**If “ADD A NEW NAME selected:**

Please provide the following contact information for the BRS Contact Person:

RCON_FNAME	First Name
RCON_LNAME	Last Name
RCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs.]
RCON_TITLE	Position Title
RCON_GNDR	Gender      Male_____ Female _____
RCON_ORG1	Organization Name Line 1
RCON_ORG2	Organization Name Line 2
RCON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please)</i>
RCON_ADD2	Street Address Line 2:
RCON_ADD3	Street Address Line 3
RCON_CITY	City
RCON_STATE	State
RCON_ZIP	Zip
RCON_PHONE	Telephone
RCON_EXT	Ext.
RCON_FAX	Fax
RCON_EMAIL	E-mail

**Comments**

We are very interested in your reactions to this Annual Report. Below are a few questions which will assist us in improving the report for future administrations.

**DIFF\_NAV**

How difficult or easy was it to navigate through the report?

- Very difficult.....5
- Somewhat difficult.....4
- Neither difficult or easy .....3
- Somewhat easy.....2
- Very easy .....1

**NUM\_CONSULTED**

How many people did you consult to answer questions on the report?

\_\_\_\_\_

**REPORT\_LIKED**

Was there anything you particularly liked about this web-based report? If so, please tell us.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REPORT\_IMPROVE**

Are there any improvements that you would like to recommend? If so, please tell.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_