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Proposal Number: (assigned by OUSL)	Date of receipt:
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Innovation Grants Proposal Application 2025 Application Form

SECTION A:

A1. Principal Investigator/Applicant	
Name and Designation	
Institution	
Mailing Address	
Telephone:	Fax: Email:
A2. Relevant / Department where Innovation is to be made	
A3. Other Investigators/Applicants	
A.3.1. Co-investigator - 1	Mailing address
Name and Designation	
Institution	Telephone:
	Fax:
	E-mail
A.3.2. Co-investigator – 2	Mailing address
Name and Designation	
Institution	Telephone:
	Fax:
	E-mail

A.3.3. Co-investigator – 3 Name and Designation		Mailing address	
Institution		Telephone	
		Fax	
		E-mail	
A4. Collaborators / Affiliations			
Names and Designations	Institution	Mode of Collaboration / Affiliation	
A5. Proposed Project Duration			
A6. Budget requirements:			
A6.1 Funds requested :			
A7. Is this a continuation of an on-going project?			
YES/NO		<u>Period for which the grant is required:-</u>	
If not, expected starting date:-			
A8. Financial Support			
<ul style="list-style-type: none"> Is the proposed innovation currently being supported by any other grant? If so, please indicate the name of granting organization and give the amount and duration Is this application currently being considered elsewhere for funding? If so, by what organization/s; by what date is a decision expected? 			
A9. Other commitments of the applicant (please indicate the periods/durations as applicable)			
<ul style="list-style-type: none"> a. Holding substantial Positions in addition to teaching (No. of hours per week) b. Leave abroad, with period (Study leave, Sabbatical leave etc.) a. Other activities such as research in progress for which the applicant/s is/are responsible as principal investigator or co-investigator 			

Title of Project	Source of Support	Duration of Support Dates From To

*The Principal Investigator must be an employee of the Open University of Sri Lanka, receiving the grant.

SECTION B

Project

B1.Title (To be specific within the area of innovation - maximum 60 characters)

B2.Abstract (Provide a summary of your proposed innovation)

Please do not exceed this space

B3.Introduction (Provide details of the proposed field of innovation along with relevant references. In case any inventor or funder has contributed to the relevant field outside OUSL please provide relevant details).(Maximum 1 page)

B4. Innovation Project

- B4.1. Define specific objectives and activities to be pursued during the project period and provide a comprehensive description of the techniques to be used and the advantages of the suggested methodological approach. Describe the technology and its current status of development – what performance data has been obtained? Summarize any results relevant to commercialization. Please also provide a brief justification in case you are intending to use particular equipment.
(Maximum 5 pages)

B4.1. Applications and Markets

(Identify the application and the markets the tech might serve. What are the advantages and disadvantages compared to what is currently available?)

B4.2. Development Plan

(What will be accomplished with the innovation Grants funds? Briefly describe the development plan, include schedule and specific milestones to be achieved. Specify work elements within the time frame of the project)

B4.3. Potential Barriers and Proposed Solutions

(What barriers to commercialization currently exist? How will the proposed development overcome the barriers and increase the chances of this technology being licensed? What feedback have you received from potential customers, companies or entrepreneurs?)

- B4.4. Facilities available in the relevant Department laboratory
(Provide a detailed list of the infrastructure and equipment **available and necessary** for the proposed innovation)

- B4.5. Human resources requirements for the successful execution of the project:
(Provide human resources available for the project with respect to the areas of expertise by each member of the innovation team on the following)

Principal Investigator: *Names and affiliations should not be stated*

- Knowledge and experience in the area related to the innovation project.
- Commitments during the tenure of the project
- Leave abroad: (study leave/vacation leave/sabbatical leave etc./Retirement:

Co-Investigator-1: *Names and affiliations should not be stated*

- Knowledge and experience in the area related to the project.
- Commitments during the tenure of the project
- Leave abroad: (study leave/vacation leave/sabbatical leave etc./Retirement:

B5. Financial Contribution requested from OUSL

B5.1.Summary of Budget	
(1) Personnel	Total
(i) Students	
(ii) Technical Assistant	
(iii) Other	
Sub Total (Personnel)	
(2)Equipment*	
Sub Total (Equipment)	
(3) Consumables[†]	
• Travel[‡]& Subsistence	

• Miscellaneous[#]	
GRAND TOTAL	

**List all the items of equipment in this cage. Please provide justification for the need of relevant equipment on a separate sheet with quotations for each equipment intended to be purchased.*

†Attach list including complete description of type (e.g. chemicals, glassware. etc), quantity and the estimated costs

*‡This budget category **must not exceed 10%** of the total grant requested/awarded*

*#This budget category **must not exceed 5%** of the total grant requested/awarded. Please itemize wherever possible.*

B5.2. TOTAL CONTRIBUTION REQUESTED : (The maximum annual contribution requested cannot exceed Two Hundred Thousand Rupees)	Rs
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I certify that the information furnished by me in this application is true and correct to the best of my knowledge.

Signature of the Applicant / Innovator: Date:

B8. FOR OFFICE USE ONLY

Empty space for office use only.

SECTION C
Proposed Reviewers

(Provide the name and full details of a maximum of 3 reviewers who would be suitable to review your proposal. Please note that the OUSL will have the sole responsibility in deciding whether or not a proposal will be submitted for evaluation to the referee(s) listed below)

C1. Referee No. 1

Surname _____
First Name _____
Institute address _____

Tel: _____
Fax: _____
E-mail: _____

C2. Referee No. 2

Surname _____
First Name _____
Institute address _____

Tel: _____
Fax: _____
E-mail: _____

C3. Referee No. 3

Surname _____
First Name _____
Institute address _____

Tel: _____
Fax: _____
E-mail: _____

SECTION D**Curriculum Vitae of Principal Innovator**

(All Innovators are required to submit their CVs using the following format) Attach additional pages if necessary

D1 – Personal data

D.1.1 Surname	
D.1.2.First Name	
D.1.3 Birth date (dd/mm/yy)	
D.1.4 Area of Specialization	
D.1.5. Position title	
D.1.6.Official Address	
D.1.7. Tel:	
D.1.8 Fax:	
D.1.9.E-mail:	

D2-Education: Please furnish your education qualifications relevant to the proposed project only, in chronological order.

Institute & location	Degree	Year	Field of study
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D3– Current employment

D4–Details of current & previous grants:

Project Title	Duration		Agency Awarded	Funds Received	Outcome