

## Attachment D

OMB APPROVAL NUMBER: 0693-0009  
APPROVAL EXPIRES MM/DD/YYYY

### BRS CLOSEOUT REPORT

#### Introduction

This report is the last of a series that you have completed 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 to policymakers and stakeholders. Thus it is important that you read the questions carefully and provide your best answer.

The purpose of these reports is to gather 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 and Staffing
3. Subcontractors
4. Company Characteristics
5. ATP Project Characteristics
6. Research Effort
7. Project Management
8. Research Outputs
9. Project Outcomes
10. Technology Commercialization
11. Future Updates

## 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 <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 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:

**[IF 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		
<a href="#">KP#_FNAME</a>	<a href="#">KP#_LNAME</a>	<a href="#">KP#_GNDR</a>	<a href="#">KP#_TITLE</a>	

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.

Subcontractor Organization Name	City	State	Total disbursements in the past project year to this subcontractor (dollar amount)	Dollar units
				Thousands= 1 Millions =2
SUB#_ORG	SUB#_CIT Y	SUB#_STAT E	SUB#_PAST1_AM T	SUB#_PAST1_AMT_UNI T

**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.

Subcontractor Organization Name	City	State	Zip	Delete Entry
SUB#_ORG	SUB#_CITY	SUB#_STATE	SUB#_ZIP	

Add/Update

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

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

**SUB#\_ORGTYPE (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
- Millions.....2

**SUB#\_AMOUNT\_UNITS**

**SUB#\_PAST1\_AMT**

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

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

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

**SUB#\_PAST1\_AMT\_UNITS**

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

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

#### Company Developments

Over the course of the ATP project, have any of the following significant events occurred at your company? (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    |

#### COMP\_FORM

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)]**

**INV\_INDIV**

Since the start of the ATP project, has your company received any 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 has your company received from individual investors since the start of the ATP project? (Please report actual disbursements only).

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

Thousands.....1

Millions.....2

**INV\_INDIV\_UNITS**

**INV\_VC**

Since the start of the ATP project, has your company received any equity investment from venture capital?

Yes.....1

No.....2

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

If yes, how much equity investment has your company received from venture capital since the start of the ATP project? (Please report actual disbursements only).

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

Thousands.....1

Millions.....2

**INV\_VC\_UNITS**

**INV\_CORP**

Since the start of the ATP project, has your company received any equity investment from other companies?

Yes.....1

No.....2

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

If yes, how much equity investment has your company received from other companies since the start of the ATP project? (Please report actual disbursements only).

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

Thousands.....1

Millions.....2

**INV\_CORP\_UNITS**

## Company Management

[If COMP\_EMPLOY < 500 and COMP\_PUB = No]

### STARTUP\_BOARD

Does your company have a formally established Board of Directors?

Yes.....1

No.....2

### STARTUP\_SCIBOARD

Does your company have a formally established Scientific Advisory Board?

Yes.....1

No.....2

**If STARTUP\_BOARD = Yes:**

**STARTUP\_BOARD\_INTERACT**

How often do senior members of your company consult with members of the Board of Directors (either formally or informally)?

- More than once a week.....6
- Several times a month.....5
- About once a month.....4
- Several times a year.....3
- Once or twice a year.....2
- Less often than once a year.....1

**If STARTUP\_SCIBOARD = Yes:**

**STARTUP\_SCIBOARD\_INTERACT**

How often do senior members of your company consult with members of the Scientific Advisory Board (either formally or informally)?

- More than once a week.....6
- Several times a month.....5
- About once a month.....4
- Several times a year.....3
- Once or twice a year.....2
- Less often than once a year.....1



## R&D Characteristics of Your Company

You reported that your company's total R&D expenditures for the last 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%

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%

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

**COMP\_SBIR**

Since the start of the ATP project, has your company received any new funding awards from a federal government SBIR program?

Yes.....1

No.....2

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

Since the start of the ATP project, has your company received any assistance for R&D or business development through:

(Please check all that apply.)

\_ A state or local government program **COMP\_LOCALPROG**

\_ A university program **COMP\_UNIVPROG**

\_ A technology or business incubator **COMP\_INCUBATOR**

[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: ATP Project Characteristics

### Technology Diffusion

Consider the relationship between your ATP project and other R&D projects at your company.

#### KNOW\_COMP\_IN

Over the course of the ATP project, to what extent did your ATP project draw on results and “know-how” from other **current** R&D projects at your company?

Large extent .....4  
 Moderate extent.....3  
 Small extent.....2  
 Not at all.....1

#### KNOW\_COMP\_OUT

Over the course of the ATP project, to what extent did other **current** R&D projects at your company draw on results and “know-how” from your ATP project?

Large extent .....4  
 Moderate extent.....3  
 Small extent.....2  
 Not at all.....1

Consider external sources of knowledge that you have benefited from in carrying out your ATP project.

	Over the course of the ATP project, to what extent did your ATP project draw on knowledge from ...	Large Extent	Moderate Extent	Small Extent	Not at all
KNOW_UNIV	Universities	4	3	2	1
KNOW_GOV	Government laboratories	4	3	2	1
KNOW_NP	Non-profit institutions	4	3	2	1
KNOW_COMP	Other companies	4	3	2	1

Think about the types of knowledge that your ATP project has produced.

### RESULTS\_DIFFUSION

How quickly do you expect critical research **results** from this project to become known to others outside your company?

- Within 2 years of project end.....1
- 2 to 5 years after project end.....2
- 5 to 10 years after project end.....3
- 10 or more years after project end.....4
- Never.....5

### KNOWHOW\_DIFFUSION

How quickly do you expect the critical research **“know-how”** from this project to become known to others outside your company?

- Within 2 years of project end.....1
- 2 to 5 years after project end.....2
- 5 to 10 years after project end.....3
- 10 or more years after project end.....4
- Never.....5

## R&D Collaboration

**[If TYPE\_OF\_PARTICIPATION = SA AND SUBS = 2 (NO)]**

### COLLAB\_RD

In conducting your ATP project, did your company participate in collaborative research partnerships or relationships with other organizations?

Yes.....1

No.....2

**[Programmer note: Set COLLAB\_RD = 1 for JVLs, JVPs, and those where SUBS=1]**

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

### COLLAB\_WO\_ATP

If the ATP funding had not been received, do you think your company would be conducting collaborative work on this project research with any of your JV partner organizations at this time?

Yes.....1

No.....2

**[IF COLLAB\_RD = 2]**

### COLLAB\_WISH

In the course of conducting your ATP project, were there times when a collaborative research partnership or relationship with another organization would have been beneficial?

Yes.....1

No.....2

**[If COLLAB\_RD = 1 (Yes)]**

Consider the resources and capabilities your organization alone could bring to bear on this project. To what extent have your collaborative relationships contributed to the ATP-funded project in the following ways?

<b>Research Stage</b>	<b>Large Extent</b>	<b>Moderate Extent</b>	<b>Small Extent</b>	<b>Not at all</b>
<b>COLLAB_IP</b> Contributed intellectual property to the project	4	3	2	1
<b>COLLAB_RESEXP</b> Increased the breadth of research expertise applied to the project	4	3	2	1
<b>COLLAB_EQUIP</b> Made critical research equipment or components available to the project	4	3	2	1
<b>COLLAB_CUST</b> Identified customer needs during the research stage	4	3	2	1
<b>COLLAB_RESMGMT</b> Provided research management skills to the project	4	3	2	1
<b>Commercialization Stage</b>				
<b>COLLAB_MFGEXP</b> Increased the breadth of manufacturing expertise applied to the project	4	3	2	1
<b>COLLAB_MFGFAC</b> Made manufacturing facilities available to the project	4	3	2	1
<b>COLLAB_OLDMKT</b> Provided marketing expertise and distribution networks for your company's existing markets	4	3	2	1
<b>COLLAB_NEWMKT</b> Provided marketing expertise and distribution networks for markets new to your company	4	3	2	1

**[If COLLAB\_WISH = 1 (Yes)]**

Listed below are a number of potential benefits that can come from a collaborative research relationship. Which of these benefits do you think your company would have experienced had you collaborated with another organization on the ATP-funded project?

**Please check all that apply**

<b>I expect a collaborator would have:</b>	
<a href="#">COLLAB_IP_WISH</a> Contributed intellectual property to the project	<input type="checkbox"/>
<a href="#">COLLAB_RESEXP_WISH</a> Increased the breadth of research expertise applied to the project	<input type="checkbox"/>
<a href="#">COLLAB_EQUIP_WISH</a> Made critical research equipment or components available to the project	<input type="checkbox"/>
<a href="#">COLLAB_CUST_WISH</a> Identified customer needs during the research stage	<input type="checkbox"/>
<a href="#">COLLAB_RESMGMT_WISH</a> Provided research management skills to the project	<input type="checkbox"/>
<a href="#">COLLAB_MFGEXP_WISH</a> Increased the breadth of manufacturing expertise applied to the project	<input type="checkbox"/>
<a href="#">COLLAB_MFGFAC_WISH</a> Made manufacturing facilities available to the project	<input type="checkbox"/>
<a href="#">COLLAB_OLDMKT_WISH</a> Provided marketing expertise and distribution networks for your company's existing markets	<input type="checkbox"/>
<a href="#">COLLAB_NEWMKT_WISH</a> Provided marketing expertise and distribution networks for markets new to your company	<input type="checkbox"/>



**[IF COLLAB\_RD = 1 (Yes)]**

**COLLAB\_NEW**

As a result of the ATP project, has your company developed new and important research partnerships or relationships with other organizations (aside from joint venture partners and/or subcontractors)?

Yes.....1

No.....2

**COLLAB\_EXTEND**

As a result of the ATP project, has your company expanded or extended existing research partnerships or relationships with other organizations (aside from joint venture partners and/or subcontractors)?

Yes.....1

No.....2

**[IF COLLAB\_NEW = 1 (Yes)]**

Please indicate the types of organizations your company formed new and important research relationships with as a result of the ATP project. (Please check all that apply).

- Other companies?                      [NEWCOLLAB\\_COMP](#)
- Universities?                              [NEWCOLLAB\\_UNIV](#)
- Government laboratories?              [NEWCOLLAB\\_GOV](#)
- Non-profit organizations?                [NEWCOLLAB\\_NP](#)

**[IF COLLAB\_EXTEND = 1 (Yes)]**

Please indicate the types of organizations your company expanded or extended existing research relationships with as a result of the ATP project. (Please check all that apply).

- Other companies?                      [EXISTCOLLAB\\_COMP](#)
- Universities?                              [EXISTCOLLAB\\_UNIV](#)
- Government laboratories?              [EXISTCOLLAB\\_GOV](#)
- Non-profit organizations?                [EXISTCOLLAB\\_NP](#)

## Section 6: Research Effort

### ATP Project

Since the start of the ATP project, 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

Since the start of the ATP project, has your company incurred any 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 has your company spent 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

Consider the specific **line of research** represented by your ATP project.

Please provide a brief descriptive definition for this line of research.

LOR\_DESC

**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, since the start of the project (aside from ATP project and related R&D expenses.)

LOR\_PROJ\_RD (0.00-999.99)

Since the start of the ATP project, how much R&D expenditure has your company devoted 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\_PROJ\_RD\_UNITS

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

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

Since the start of the project, 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\_PROJ\_RD\_EXT > 0]**

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

Since the start of the project, has your company received 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

## Project Effort

Consider the project period [PROJ\_START] to [PROJ\_END].

### PROJ\_WO\_ATP\_PAST1 (0.00-999.99)

Without ATP funding, how much expenditure do you think your company would have devoted to the ATP project research during this period?

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

Thousands.....1

Millions.....2

PROJ\_WO\_ATP\_PAST1\_UNITS

### RDSAMEGOAL

Without the ATP award, would your organization have undertaken a project with the same technical goals and milestones as the ATP project?

Yes.....1

No.....2

### PROJWORK\_WO\_ATP

Consider the research work that you have completed to date on the ATP project. Without ATP funding, how much of this research work do you think your company would have completed to date?

None .....0

1% to 20% .....1

21% to 40%.....2

41% to 60%.....3

61% to 80%.....4

81% 100%.....5

**RD\_ACCEL\_YRS**

Consider your company's research objectives for your ATP project. How much has the ATP project accelerated your company's progress toward your research objectives?

- None.....0
- 1 year.....1
- 2 years.....2
- 3 years.....3
- 4 years.....4
- 5 years.....5
- More than 5 years.....6

Would not be able to achieve company research objectives without the ATP project.....-99

**COMM\_ACCEL\_YRS**

Considering the timeline for your ATP project technology, how much has the ATP project shortened the time for your technology to reach the market

- None.....0
- 1 year.....1
- 2 years.....2
- 3 years.....3
- 4 years.....4
- 5 years.....5
- More than 5 years.....6

Without the ATP project, this technology would not reach the market.....-99

What would your company have done with the resources dedicated to your ATP project if you had not received ATP funding? (Please check all that apply.)

- Used these resources for other research projects on the same technology **RES\_SAME**
- Used these resources for research projects on a different technology **RES\_DIFF**
- Used these resources for activities other than research **RES\_OTHER**



[If RES\_SAME = 1 (Checked) or RES\_DIFF = 1 (Checked)]

**How would the project that you would have undertaken without ATP funding have compared to the ATP project in terms of:**

	Much less	Less	Equal	More	Much greater
<b>TECH_RISK</b> Degree of technical risk	1	2	3	4	5
<b>TECH_BREADTH</b> Breadth of technical goals	1	2	3	4	5
<b>TECH_AMBIT</b> Ambitiousness of technical goals	1	2	3	4	5
<b>PROJ_SCALE</b> Overall scale of project	1	2	3	4	5
<b>TECH_COMM</b> Overall time until technology commercialization	1	2	3	4	5

## Section 7: Project Management

### **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
<a href="#">RESPLAN</a> Research planning	6	5	4	3	2	1
<a href="#">RESPROGRESS</a> Research progress and milestones	6	5	4	3	2	1
<a href="#">COMMSTRATEGY</a> Commercialization strategy	6	5	4	3	2	1
<a href="#">COMPET_ACTIV</a> Competitors' technical and commercial activities	6	5	4	3	2	1

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

**Project Communication**

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

Over the course of the project, how many project review meetings were held where all partners in the JV were represented?

\_\_\_\_ Number of meetings

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

Over the course of the project, 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**

Over the course of the project, how frequently did staff from your company communicate by telephone, email, or video-conference with staff from your JV partners?

- More than once a week.....6
- Several times a month.....5
- About once a month.....4
- Several times a year.....3
- Once or twice a year.....2
- Less often than once a year.....1

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

**Trust and Knowledge Sharing**

Please characterize the extent of trust and knowledge sharing that you have experienced in the ATP joint venture project..

**JV\_TRUST\_FAIR**

To what extent do you trust your JV partners to show good will and treat your company fairly?

- Large extent .....4
- Moderate extent.....3
- Small extent.....2
- Not at all.....1

**JV\_TRUST\_UNFAIR**

To what extent do you think your JV partners would take unfair advantage of your company if they had the chance (e.g., if you did not have proper legal protections in place)?

- Large extent .....4
- Moderate extent.....3
- Small extent.....2
- Not at all.....1

**JV\_SHARE\_KNOWLEDGE**

To what extent do you think your JV partners share proprietary knowledge or confidential information in order to help the JV achieve its objectives?

- Large extent .....4
- Moderate extent.....3
- Small extent.....2
- Not at all.....1

**JV\_SHARE\_RELEVANT**

To what extent do you think your JV partners share whatever relevant knowledge they have in order to help the JV achieve its objectives?

- Large extent .....4
- Moderate extent.....3
- Small extent.....2
- Not at all.....1

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

**JV\_STRUCTURE**

Which of the following best characterizes the structure of your JV?

- One project leader; other partners have supporting roles.....1
- Some partners are principal participants; other partners have supporting roles.....2
- All partners have equally important roles.....3

Would you characterize any of your JV partner companies as a: (Please check all that apply)

**JV\_SUPPLIER**

Supplier (partner company provides inputs to your company's products/technologies)

**JV\_CUSTOMER**

Customer (partner company purchases your company's products/technologies)

**JV\_COMPLEMENTOR**

"Complementor" (partner company's products/technologies are used together with your company's products/technologies)

**JV\_COMPETITOR**

Competitor (partner company serves the same product market as your company)

**JV\_OTHER, JV\_OSPEC**

Other, please specify: \_\_\_\_\_

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

Consider the ATP joint venture project overall.

**JV\_POWER\_FORMAL**

In terms of the *formal* agreement among JV partners, to what extent do some JV partners have more power than other partners in areas such as decision-making and rights over JV output?

- Large extent .....4
- Moderate extent.....3
- Small extent.....2
- Not at all.....1

**JV\_POWER\_INFORMAL**

In terms of the *informal* relations among JV partners, to what extent do some JV partners have more power than other partners?

- Large extent .....4
- Moderate extent.....3
- Small extent.....2
- Not at all.....1

Consider the formal JV agreement and other governance procedures developed by your ATP joint venture.

How satisfied are you with the JV agreement and governance procedures with regard to:

**JV\_GOVERNANCE\_BIP**

Protection of intellectual property or proprietary information contributed by JV partners

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

**JV\_GOVERNANCE\_FIP**

Ownership of new intellectual property developed by the JV

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

**JV\_GOVERNANCE\_DISPUTES**

Resolution of disputes or disagreements among JV partners

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

**JV\_GOVERNANCE\_WORK**

Verification of work task performance among JV partners

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

## **Section 8: 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 8-3
- 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 8-5.]**

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 8-6
- 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 8-7).
- 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
<a href="#">PP#_FN</a>	<a href="#">PP#_LN</a>	

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 8-5)]**

**[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
<b>PP#_FN</b>	<b>PP#_LN</b>	

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 8-5)]**

**[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
<b>PP#_FN</b>	<b>PP#_LN</b>	

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 8-5)]**



## 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 8-11.**
- **For every record with a status change to “Issued” prefill that record in the Patents Issued table on page 8-13.**

**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.....2 Abandoned...3 Denied.....4
<a href="#">PA#_APD</a>		<a href="#">PA#_TTL</a>	<a href="#">PA#_STATUS</a>

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.....2

Abandoned.....3

Denied.....4

**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 8-14.
- 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 8-14. If there are no patent applications that have become issued patents, then skip to table on page 8-16.]**

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
<a href="#">PI#_PN</a>	<a href="#">PI#_ISD</a>	<a href="#">PI#_TTL</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 PATENT LISTED IN THE TABLE ON PAGE 8-16]**

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 8-19 (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 9: Project Outcomes

### Project Technical Goals

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

#### TECH\_ACHIEVE\_PROJ

Considering the technical goals of the project, would you say the project achieved ...

- Few, if any, of its technical goals.....1
- Some of its technical goals.....2
- Most of its technical goals.....3
- All of its technical goals.....4
- Beyond its technical goals.....5

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

#### TECH\_ACHIEVE\_PROJ

Consider the technical goals of the joint venture (JV) project. Would you say the JV project achieved ...

- Few, if any, of its technical goals.....1
- Some of its technical goals.....2
- Most of its technical goals.....3
- All of its technical goals.....4
- Beyond its technical goals.....5

#### TECH\_ACHIEVE\_COMP

Consider your company's technical goals for the project. Would you say your company achieved ...

- Few, if any, of its technical goals.....1
- Some of its technical goals.....2
- Most of its technical goals.....3
- All of its technical goals.....4
- Beyond its technical goals.....5

**NEWKNOWL**

To what extent was useful new knowledge created from your ATP-funded project?

- Large extent .....4
- Moderate extent.....3
- Small extent.....2
- Not at all.....1

**RDCOMMCRL**

To what extent did your company achieve all technical goals needed to begin product development or clinical trials for initial commercialization of ATP-funded technology?

- Fully achieved.....5
- Largely achieved.....4
- Partially achieved.....3
- Somewhat achieved.....2
- Not achieved.....1

**SIG\_TECH\_CHALLENGE**

How significant are any additional technical (research, development) challenges that still need to be addressed in order to achieve widespread commercialization?

- Very significant.....4
- Moderately significant.....3
- Somewhat significant.....2
- Not significant.....1

**SIG\_NONTECH\_CHALLENGE**

How significant are any additional non-technical (regulatory, business) challenges that still need to be addressed in order to achieve widespread commercialization?

- Very significant.....4
- Moderately significant.....3
- Somewhat significant.....2
- Not significant.....1

To what extent have your company's achievements on your ATP project assisted in the ...	Large extent	Moderate extent	Small extent	Not at all	Not Applicable
Attraction of equity investment...					
<a href="#">ATTRACT_ANGEL</a> From individual investors (i.e., "angels")	4	3	2	1	-8
<a href="#">ATTRACT_VC</a> From venture capital	4	3	2	1	-8
<a href="#">ATTRACT_COMP</a> From other companies	4	3	2	1	-8
<a href="#">ATTRACT_PUB</a> From public offerings	4	3	2	1	-8
<a href="#">ENHANCE_REP</a> Enhancement of the company's reputation with suppliers and customers	4	3	2	1	-8
<a href="#">ATTRACT_SCI</a> Attraction of scientists or other employees	4	3	2	1	-8
<a href="#">ATTRACT_EXT_FUND</a> Attraction of funding for the line of research from external sources (e.g., federal, state and local governments, other companies)	4	3	2	1	-8
<a href="#">ATTRACT_INT_FUND</a> Attraction of internal funding for this line of research	4	3	2	1	-8

As a result of your company's experience with the ATP project, would you say your company is more or less likely to:	Much more likely	More likely	Neither more or less likely	Less likely	Much less likely
<a href="#">PURSUE_HIRISK</a> Pursue R&D projects with high-technical risk	5	4	3	2	1
<a href="#">PURSUE_LONG</a> Pursue R&D projects with longer time horizons	5	4	3	2	1
<a href="#">COLLAB_COMP</a> Collaborate in R&D with other companies	5	4	3	2	1
<a href="#">COLLAB_NP</a> Collaborate in R&D with universities and other nonprofit organizations	5	4	3	2	1

## **Project Value**

Consider the relationship between your ATP project and other R&D projects at your company.

To what extent has your ATP project ...

### **ENHANCE\_OTH\_RD**

Enhanced the value of other R&D at your company?

Large extent .....	4
Moderate extent.....	3
Small extent.....	2
Not at all.....	1

### **STIMULATE\_NEW\_RD**

Stimulated new ideas for R&D at your company?

Large extent .....	4
Moderate extent.....	3
Small extent.....	2
Not at all.....	1

## **Project impacts**

### **ENV\_IMPACT**

Has the technology developed by your company during the ATP project produced any environmental impacts to date?

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

### **ENV\_IMPACT\_EXPECT**

If not, do you expect the technology developed during the ATP project to have any environmental impacts in the future?

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

### **HS\_IMPACT**

Has the technology developed by your company during the ATP project produced any health or safety impacts to date?

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

### **HS\_IMPACT\_EXPECT**

If not, do you expect the technology developed during the ATP project to have any health or safety impacts in the future?

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

**OVERALL\_VALUE**

Overall, in terms of generating value to your company, would you consider the project to be ...

- Very successful.....5
- Successful.....4
- Neither successful nor unsuccessful.....3
- Unsuccessful.....2
- Very unsuccessful.....1

## Section 10: 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.



## Technology Innovation

### TECH\_EXIST

Do you expect that your company will incorporate the ATP-funded technology in your company's existing products, processes or services?

Yes.....1

No.....2

### TECH\_NEW

Do you expect that your company will incorporate the ATP-funded technology in new products, processes or services new to your company?

Yes.....1

No.....2

## Planned Commercial Applications

ATP is interested in the market opportunities that your company will address using your ATP-funded technology and how your company plans to earn revenues through this introduction.

### COMM\_PLAN

Do you expect your company to pursue commercialization of any product, process, or service that integrates the ATP-funded technology?

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

[IF COMM\_PLAN = NO]

### FINAN\_RETURN

Do you expect your company to realize any financial return from a product, process, or service that integrates the ATP-funded technology?

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

### FINAN\_RETURN\_DESC

If yes, please briefly explain what kind of financial return you expect.

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### NO\_FINAN\_RETURN\_DESC

If no, please briefly explain why no financial return is expected.

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**Programmer note: Skip to Section 11.**

**Programmer Note: All the remaining items in Section 10 go to respondents where COMM\_PLAN =1 (Yes). Respondents with COMM\_PLAN=2 (No) get the items in the box at the bottom of page 10-3, then skip to Section 11.**

### Potential Innovations

Identify and briefly describe the product, service or process innovations that incorporate ATP-funded technology which your company plans to introduce to the marketplace through licensing, direct sales, or other means (e.g., sale of technology).

Name	Brief Description	Delete Entry
PROD#_NAME	PROD#_DESC	

Add/Update

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

### Market Applications

We use the term **market application** to refer to the use of your ATP-funded technology to meet market opportunities in specific industries.

Please identify the market applications that your company will pursue through licensing, direct sales, or other means (e.g., sale of technology).

Market Applications	Delete Entry
APP#_DESC	

Add/Update

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

**Programmer note: Please put these two tables on the same web page.**

## Financial Returns

Please indicate what types of financial returns your company expects from commercialization of the market applications you have identified.

Market applications	Are revenues, related to this market application?	Are cost savings related to this market application?	Are royalties related to this market application?
	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2
[APP#_DESC]	APP#_REV	APP#_SAV	APP#_ROY

Please identify when your company expects to realize financial returns (e.g., revenues, cost savings, royalties) from commercialization of the listed market applications.

Market Applications  (prefill: APP#_DESC)	No financial return expected	Already realized a financial return	1-3 years after project close	3-5 years after project close	More than 5 years after project close
	0	1	2	3	4
	0	1	2	3	4
	0	1	2	3	4
APP#_RETURN					

**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_RESEARCH</a> Research						
<a href="#">PLAN_DEVELOPMENT</a> Product development	0	1	2	3	4	5
<a href="#">PLAN_MANUFACTURING</a> Manufacturing	0	1	2	3	4	5
<a href="#">PLAN_TESTING</a> Product testing						
<a href="#">PLAN_MARKETING</a> Marketing/ Sales	0	1	2	5	4	5
<a href="#">PLAN_DISTRIBUTION</a> Distribution	0	1	2	3	4	5
<a href="#">PLAN_OTHER</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.)

- |   |             |
|---|-------------|
| <input type="checkbox"/> Initial contacts         | CUST_IC     |
| <input type="checkbox"/> Follow-on discussions    | CUST_DISS   |
| <input type="checkbox"/> Substantive negotiations | CUST_NEG    |
| <input type="checkbox"/> Actual commitments       | CUST_COMMIT |

## Most Important Market Application

Please identify which market application you expect to have the most significant long-term business impact on your company. Please select only one.

### MOSTIMPT\_APP

- o APP1\_DESC
- o APP2\_DESC
- o APP3\_DESC
- o APP4\_DESC
- o (etc.)

### MKT\_EXIST

Does a market exist for this application?

Yes.....1

No.....2

Compared to competing applications, does this particular application provide ...

New features

PROD\_ADVAN\_FEAT

Improved performance

PROD\_ADVAN\_PERF

Lower cost

PROD\_ADVAN\_COST

(Check all that apply.)

For this particular application, has your company achieved to date...

Scientific proof of concept

STATUS\_SCI\_PROOF

Laboratory prototype

STATUS\_LAB\_PROTO

Market prototype

STATUS\_MARK\_PROTO

Commercial application

STATUS\_COMM\_APP

(Please check all that apply)

For this particular application, has your company to date completed ...

### MKT\_CONC

Yes.....1

A concept test with customers?

No.....2

### MKT\_OTH

Yes.....1

Some other kind of market analysis?

No.....2

### PRO\_PILOT

Yes.....1

A pilot production line?

No.....2

### MKT\_INIT

Yes.....1

Initiation of production?

No.....2



Who will be the targeted customer(s) of this particular application? Please select no more than three descriptions.

- |  |                     |
|--|---------------------|
| <input type="checkbox"/> Industrial processor                            | CUST_INDUS_PROC     |
| <input type="checkbox"/> Components manufacturer                         | CUST_COMP_MANU      |
| <input type="checkbox"/> OEM/systems integrator                          | CUST_OEM            |
| <input type="checkbox"/> End product assembler/manufacturer              | CUST_ENDPROD_MANU   |
| <input type="checkbox"/> End product marketer/distributor                | CUST_ENDPROD_MKT    |
| <input type="checkbox"/> End product consumer                            | CUST_ENDPROD_CONSUM |
| <input type="checkbox"/> Service provider- health/education              | CUST_PROV_HEALTH    |
| <input type="checkbox"/> Service provide- financial/business information | CUST_PROV_FINAN     |
| <input type="checkbox"/> Other   | CUST_OTH            |
| Please specify: _____  | CUST_OS             |

**OVERALL\_ADVAN**

Overall, how would you assess your company’s competitive advantage for this application now relative to the start of your ATP project?

- Worsened.....1
- Unchanged.....2
- Improved.....3

During the project period, how has your company’s competitive advantage for this application been affected by the following factors

		Worsened	Unchanged	Improve d
COMP_DOM	Domestic economic conditions	1	2	3
COMP_INT	International economic conditions	1	2	3
COMP_ENTRY	New competitors	1	2	3
COMP_PROG	Existing competitors	1	2	3
COMP_OTH	Other factors	1	2	3
COMP_OS	Please specify: _____			

**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 project period [PROJ\_START] to [PROJ\_END].

During the project period, did your company earn 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\_SERVICE S

**[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 project period, 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\_PRO  
C

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	
<a href="#">LIC#_NAME</a>	<a href="#">LIC#_CITY</a>	<a href="#">LIC#_STATE</a>	<a href="#">LIC#_COUNTRY</a>	<a href="#">LIC#_TYPE</a>	

Add/Update

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

**ROY\_LIC**

During the project period, 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 project period, 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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## Commercialization Value

The following items ask about anticipated value from commercialization of your project technology.

ANNREV2, ANNREV5, ANNREV10

ANNREV2\_UNITS, ANNREV5\_UNITS, ANNREV10\_UNITS

Consider the total impact of the ATP-funded technology on your company. What do you expect will be the **net effect** of this technology on your company's annual revenues?

2 years after project end \$\_\_\_\_\_ (0.00-999.99)  
5 years after project end \$\_\_\_\_\_ (0.00-999.99)  
10 years after project end \$\_\_\_\_\_ (0.00-999.99)

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

PROFIT\_MARGIN

What do you expect will be the gross profit margin on sales from your company's products resulting from your technology?

\_\_\_\_% (-100-999)

LOB\_PROFIT\_MARGIN

What is your company's typical gross profit margin on sales in this line of business?

\_\_\_\_% (-100-999)

ANNSAV2, ANNSAV5, ANNSAV10

ANNSAV2\_UNITS, ANNSAV5\_UNITS, ANNSAV10\_UNITS

How much annual cost savings do you expect your company to receive from process improvements resulting from your technology?

2 years after project end \$\_\_\_\_\_ (0.00-999.99)  
5 years after project end \$\_\_\_\_\_ (0.00-999.99)  
10 years after project end \$\_\_\_\_\_ (0.00-999.99)

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



ANNLIC2, ANNLIC5, ANNLIC10  
 ANNLIC2\_UNITS, ANNLIC5\_UNITS, ANNLIC10\_UNITS

How much in annual royalties do you expect your company to receive from licensing your technology to others?

2 years after project end \$ \_\_\_\_\_ (0.00-999.99)  
 5 years after project end \$ \_\_\_\_\_ (0.00-999.99)  
 10 years after project end \$ \_\_\_\_\_ (0.00-999.99)

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

To commercialize your ATP-funded technology, does your company plan to make investments over the next 2 years in any of the following areas:

	None	<\$1 Million	\$1 - \$5 Million	\$5 - \$10 Million	> \$10 Million
INVEST_RES Research	0	1	2	3	4
INVEST_PD Product Development	0	1	2	3	4
INVEST_MANU Manufacturing facilities or equipment	0	1	2	3	4
INVEST_MARK Marketing/Sales	0	1	2	3	4
INVEST_DIST Distribution	0	1	2	3	4
INVEST_OTH Other,	0	1	2	3	4
INVEST_OS Please specify: _____					

Finally, it is important that we have a ballpark estimate of the downstream benefits of your ATP-funded technology to industry users and consumers.

[END\\_USER\\_NETVALUE2, END\\_USER\\_NETVALUE5, END\\_USER\\_NETVALUE10](#)  
[END\\_USER\\_UNITS2, END\\_USER\\_UNITS5, END\\_USER\\_UNITS10](#)

Think of how the industry might change, including both positive and negative effects, as a result of the commercialization of your ATP-funded technology. What is your estimate of the overall **net value** to your downstream industry users from products or services resulting from your technology?

2 years after project end	\$ _____	(0.00-999.99)	
5 years after project end	\$ _____	(0.00-999.99)	
10 years after project end	\$ _____	(0.00-999.99)	
			Thousands.....1
			Millions.....2
			Billions.....3

[CONSUMER\\_NETVALUE2, CONSUMER\\_NETVALUE5,](#)  
[CONSUMER\\_NETVALUE10](#)  
[NETVALUE\\_UNITS2, NETVALUE\\_UNITS5, NETVALUE\\_UNITS10](#)

Think of how the consumer marketplace might change, including both positive and negative, as a result of the commercialization of your ATP-funded technology. What is your estimate of **net benefits** to consumers from products or services resulting from your technology?

2 years after project end	\$ _____	(0.00-999.99)	
5 years after project end	\$ _____	(0.00-999.99)	
10 years after project end	\$ _____	(0.00-999.99)	
			Thousands.....1
			Millions.....2
			Billions.....3

## Section 11: Future Updates

### Project Contact Person

The Project Contact Person for your company will receive future emails and notifications regarding gathering follow up information on your ATP-funded work. Please select from the table below which member of your staff you would like to designate to be the Project 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?

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### REPORT\_LIKED

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

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### REPORT\_IMPROVE

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

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