

Submittal Form

* indicates a required field to be filled in below

Please provide information for your Organization

Organization Name*

If you are a sole proprietor and do not have a separate organization name, please fill your name into the Organization Name field.

Primary Point of Contact*

Title

Department/Division

Primary Location Address*

Telephone*

Fax

Email*

Themes and sub-topics*

Title*

A descriptive title for the proposed solution (e.g Rapid Handheld DNA Analysis, Augmented Reality Training Toolset, etc)


Abstract*

A brief statement of the specific solution being proposed. This should be in clear, concise, layman/newspaper style statements.

Basis for the Solution*

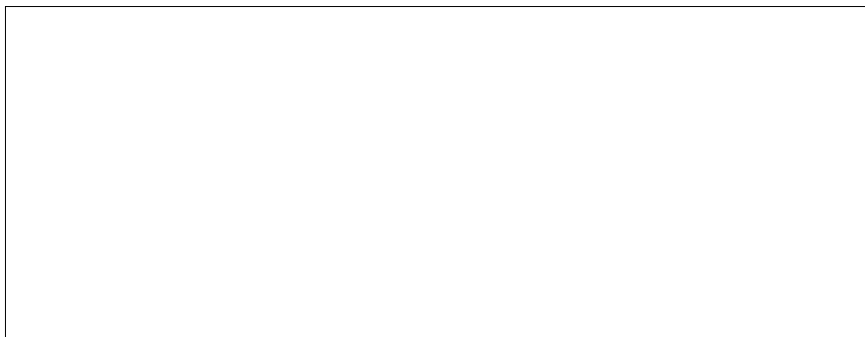
A description of the basis for the solution/idea.

Include a description of the underlying technology or product, technical maturity level, projected and/or measured performance characteristics, and test or certification activities that have been completed. The credibility of the solution will be assessed based on this section. It is vitally important that this section not simply restate the proposed solution, but provide credible supporting information.



Maturation, test, and Assessment*

Identify specific maturation and test efforts needed to apply the underlying technologies and/or products. How long would it take to complete such maturation and/or testing (rough estimate)? Please include any unique infrastructure requirements.



Military Impact

If a clear vision for the military utility of the proposed solution exists, it can be described here. However, this is not required.

Additional Comments

Include any other information deemed to be pertinent to the solution. This section is also not required.

In order to help the Department of Defense better expand our outreach, please choose one of the following: *

- My company or academic institution has never done business with the Department of Defense.
- My company or academic institution does business or has done business with the Department of Defense, but my particular operating unit does not.
- My company or academic institution and my particular operating unit do business or have done business with the Department of Defense.
- I am a sole proprietor and I have never done business with the Department of Defense.
- I am a sole proprietor and I have done business with the Department of Defense.

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