



**NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND  
INNOVATION**

**SCIENCE, TECHNOLOGY AND INNOVATION GRANT**

**INNOVATIONS APPLICATION FORM**

**2015/2016 FY**

## **PART I - PROPOSED INNOVATION/INVENTION PROJECT**

*(Please expand the spaces provided in this form to fit your content. Your proposed project should not exceed 25 pages (Times New Roman, font size 12, single spacing) excluding relevant appendices e.g. Endorsement page, CV, Workplan etc)*

<b>Title of the Innovation/Invention project:</b>
<b>1) Background and Justification of the project</b> <i>(Provide sufficient background information related to this innovation/invention indicating the most recent information from relevant literature and justifying the need to undertake the project)</i>
<b>2) Innovation objectives and expected outputs</b> <i>(Give clear objectives of the innovation, including the novelty of the innovation). Explain the expected direct results from your innovation activities. Also state any Intellectual Property (IP) expected from this project.</i>
<b>3) Potential of up-scaling the proposed project</b> <i>(Describe any possible linkages to the relevant industry or markets in your of product or services)</i>

### **4.0 Innovation Methodology/Design**

<b>4.1 Describe in details the activities and Methodologies/Technical designs to be used for this innovation project</b>
<b>4.2 Identify specialized equipments, facilities and infrastructure which are required for development of prototypes for this innovation project</b>

## 5. Innovation Project Work Plan

### Detailed Plan of activities:

Provide a clear indication of the tasks that will be performed to complete the project activities in the following format. (Attach the plan)

Task	Year 1			
	Q1	Q2	Q3	Q4
Activity 1				
Activity 2				
etc				

## 6. Itemized Budget

(NOTE that institutional overheads/charges, administration fee are not accepted under this grant. Emphasis on budget allocation should be placed on expendable supplies. (This Grant does not support the acquisition of :- Laptops; Desktop Computers; Printers; Microscopes; Refrigerators; Deep freezers; Microwaves; Cameras; Mobile phones, tuition fees, professional associations fees, salaries, consultancies fees, contingency, subscription fees, Airtime, Internet bundles, text books). Any equipment procured will remain property of the Administrative institution.

Provide clearly itemized yearly budget. You can add rows to this template to fit list of your budget items (DO NOT include any of the above prohibited items.

Budget Items	Quantity	Cost/Unit	Year 1 Amount (KES)	Year 2 Amount (KES)
<b>6.1. Expendable supplies</b>				
<b>Sub-total</b>				
<b>6.2. Equipments</b> (Specify and describe each item) Equipment normally found in most Labs may not be supported by this grant				

<b>Sub-total</b>				
<b>6.3. Local travel</b> ( <i>local traveling costs, accommodations, allowances - should not be more than 10% of the total budget</i> ) - <i>This grant does not support international travelling costs at all.</i>				
<b>Sub-total</b>				
<b>6.4. Documentation, publication costs, conferences</b>				
<b>Sub-total</b>				
<b>Yearly Total</b>				
<b>Total (<i>Amount Applied</i>)</b>				
<b><i>Total budget Applied for must not exceed the Advertised limit. Any applications exceeding the limit will not be considered). Maximum budget for Innovation is Ksh 1,000,000</i></b>				

**6.4 Budgetary Notes**

*List the items you requested funding for in the budget, describing their function, explain their cost, and defend their use in the innovation project*

**6.5 Intellectual property position**

*(List if any formal IPR document that has been registered e.g. patents, trade-marks, plant breeder's right). Attach copies*

## PART II: PROJECT ENDORSEMENT

*(This endorsement page should be attached as an appendix to the Innovation application)*

**Innovation project title:**

- *All the Innovators/Inventors involved in this project must sign this page and provide their up to date contacts address. (Attach a brief CV Max 2 pages and Copy of ID).*

<b>Project Team</b>				
<b>Name Innovator</b>	<b>Institution</b>	<b>Contacts</b> <i>(Postal address, Cell Phone &amp; Email)</i>	<b>Signature</b>	<b>Date</b>

**ST&I INNOVATION GRANT ADMINISTRATION**

*Identify the Institution that will administer this innovation grant if successful:*

**Full Name of the institution and Postal Address:**

**Telephone Contacts:**

Mobile No:.....

Office No.....

Fax No.....

E-Mail Address:.....

**Head of Institution:**

*(If the applicant is affiliated to any institution)*

- ***Head of the institution that will administer ST&I Grant to sign this page. The page should bear the official stamp of the institution***

**I, the Head of this institution, declare:**

That the institution supports this innovation application and will make its resources available to the applicant(s) for the duration of the project if it receive this Grant;

Signature:\_\_\_\_\_

Date:\_\_\_\_\_

Name, title and official stamp.....

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