| **MOSES KOTANE RESEARCH INSTITUTE****COMMECIALISING INNOVATION AND RESEARCH FUND APPLICATION FORM****2024/25** |
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| **Section** | **Information Required** |
| **1. Applicant Information** |  |
| Name of Applicant |  |
| Name of the Company/Business  |  |
| Position |  |
| Contact Address |  |
| Phone Number |  |
| Email Address |  |
| **2. Project Information** |  |
| Project Title |  |
| Project Description | (Please provide a brief summary of the project, including its objectives and significance) |
| Technology Readiness Level (TRL) | (Specify the current TRL of your project) |
| **TRL 9:** System proven in operational environment |  |
| **TRL 8**: System complete and qualified |  |
| **TRL 7:** Integrated pilot system demonstrated |  |
| **TRL 6:** Prototype system verified |  |
| **TRL 5:** Laboratory testing of integrated system |  |
| **TRL 4:** Laboratory testing of prototype component or process |  |
| **TRL 3:** Critical function, proof of concept established |  |
| **TRL 2:** Technology concept and/or application formulated |  |
| **TRL 1:** Basic principles are observed and reported |  |
| Socio-Economic Impact | (Describe how your project will address socio-economic challenges in KwaZulu-Natal) |
| **3. Funding Information** |  |
| Total Amount of Funding Requested | (Specify the amount requested in ZAR) |
| Have you received any other funding for this project? | ☐ Yes ☐ No |
| If yes, please specify the source and amount: |  |
| - Government Funding |  |
| - Private Funding |  |
| - Other (please specify) |  |
| **4. Project Plan** |  |
| Key Activities and Milestones | (List the main activities and milestones planned for the project) |
| Expected Outcomes | (Describe the expected outcomes and deliverables of the project) |
| Timeline | (Provide a detailed timeline for the project, including start and end dates) |
| Budget Breakdown | (Provide a detailed budget breakdown for the project) |
| **5. Eligibility and Compliance** |  |
| Broad-Based Black Economic Empowerment (BBBEE) Compliance | ☐ Yes ☐ No |
| Capacity to Manage Project Activities | (Provide details about the project team and their responsibility/qualifications) |
| **6. Declarations** |  |
| Declaration of Funding Compliance | I hereby declare that the information provided is true and accurate to the best of my knowledge and that this project has not received funding from other sources beyond what is disclosed above. ☐ |
| Signature of Applicant |  |
| Date |  |
| **7. Supporting Documentation** |  |
| - Detailed project proposal |  |
| - Budget breakdown |  |
| - Timeline |  |
| - BBBEE certificate (if applicable) |  |
| - KZN Proof of Residence |  |
| - CPIC Copy |  |
| - ID Copy/Copies |  |
| - Any other relevant documents |  |
| **8. Submission** |  |
| Completed applications should be submitted to the Moses Kotane Research Institute (MKI) by [21/08/2025].  |
| Designated Institute Representative | Ms Sanelisiwe Gumede |
| Email | researchfund@moseskotane.com |
| Phone Number | 031 266 1777 |