

**TECHNOLOGY PROFILE FORM (TPF)**

This TDF is a primary requirement of the DOST-TAPI in evaluating requests for financial and technical assistance in applying for the Marketing Assistance Program (MAP). Please check the appropriate boxes and type all information in block letters that are legible. A concise guide is available for use if a reference is required to fill out this form. This Form may be reproduced but not altered.

(1) Name of Applicant			
(2) Birth Date (MM/DD/YYYY)			
(3) Contact Information	Phone	:	
	Email Address	:	
(4) Complete Address	Permanent Home Address:		
	Company Address ( <i>put "N/A" if not applicable</i> ):		
(5) Name of Technology			
(6) IP Registration			
(7) Type of technology offered in the market	<input type="checkbox"/>	Product	
	<input type="checkbox"/>	Service	
	<input type="checkbox"/>	Others, please specify:	_____
(8) Brief description of technology ( <i>maximum of three sentences</i> )			
(9) DOST-TAPI program assistance acquired during technology development phase.			
<b>Tick Box</b>	<b>DOST-TAPI Program</b>	<b>Amount of Assistance</b>	<b>Year Availed</b>
<input type="checkbox"/>	a. Venture Financing Program	_____	_____
<input type="checkbox"/>	b. Youth Empowerment through Technopreneurship (YET) Program	_____	_____
<input type="checkbox"/>	c. LANDBANK – TAPI Innovation and Technology (I-Tech) Lending Program	_____	_____
<input type="checkbox"/>	d. Testing and Analysis Assistance Program	_____	_____
<input type="checkbox"/>	e. Industry-Based Invention Development (IBID) Program	_____	_____
<input type="checkbox"/>	f. Invention-Based Enterprise Development (IBED) Program	_____	_____
<input type="checkbox"/>	g. Concept Prototyping Program	_____	_____
(10) What is the current stage of development for the technology? ( <i>Choose the area applicable to the technology and tick all development stage(s) that has/have been established.</i> )			

**Tick Box For Products/Services**

- a. Concept/Idea
- b. Proof of Concept/Principle (*Gathering of evidences that support the concept*)
- c. Product/Process Design (*Establishment of operational requirements for a new product/process*)
- d. Initial Prototype (*Fabrication of crude/laboratory prototype*)
- e. Semi-commercial Prototype (*Modified and optimized prototype*)
- f. Pilot-scaled/Scaled-up (*Elevating the capacity of the prototype at commercial scale*)
- g. Market Entry (*Prototype ready for commercialization*)

**Tick Box For Health**

- a. Discovery (*Synthesis and screening of substance; in vitro and in vivo characteristics*)
- b. Lead (*Compound selection, new chemical entity, new molecular entity*)
- c. Pre-clinical (*Faulty testing /safety evaluation done in laboratories with animal models*)
- d. Phase I (*Safety evaluation tested in a few human volunteers*)
- e. Phase II (*Efficacy evaluation*)
- f. Phase III (*Confirmation*)
- g. Product Registration

**Tick Box Pre-Commercialization Activities**

- a. Market Research (Started / Completed)
- b. Market Validation (Started / Completed)
- c. Technology Validation (Started / Completed)
- d. Initial Product Launching / Market Testing (Started / Completed)
- e. Initial Field / Small-scale Field Trials (Started / Completed)
- f. Others, please specify: \_\_\_\_\_

**Tick Box Commercialization Activities**

- a. Production (Started / Completed)
- b. Distribution (Started / Completed)
- c. Marketing (Started / Completed)
- d. Sales (Started / Completed)
- e. Customer Support (Started / Completed)
- f. Others, please specify: \_\_\_\_\_

*\*stages of technology development were adapted from TECHNICOM concept note format*

(11) Identify your products/services in terms of brand name, IP Status, IP Ownership, Price and Product Certifications and / or Registrations and price.

Product / Service	Brand Name	IP Status <i>(For Filing / Patent Pending / Patented)</i>	IP Ownership <i>(Own, Co-funded, University, Others)</i>	Price	Product Certifications and / or Registrations

(12) Supporting Document (please attached to this Form):

**Required attachments:**

<input type="checkbox"/>	Complete Technical Description of Technology
<input type="checkbox"/>	Data Privacy Consent Form

**Additional Documents, if applicable**

**1. For Marketing Plan Assistance:**

<input type="checkbox"/>	Market Intelligence Report
<input type="checkbox"/>	Others: _____

<input type="checkbox"/> Copy of Identification (ID)	<b>2. For Marketing Strategies Assistance identified by DOST-TAPI:</b>
	<input type="checkbox"/> Product Certifications/Registrations
	<input type="checkbox"/> Sales Report
	<input type="checkbox"/> Actual Commercial Product
	<input type="checkbox"/> Company/Start-up Information
	<input type="checkbox"/> Others:

(13) Certification of Applicant or Applicant's Representative (for team or if owner is a company)

- a. Under the pain of fraud or perjury, the above information and attached documents are true and correct to the best of my knowledge; and
- b. The guidelines of DOST-TAPI's Marketing Assistance Program shall be fully respected and shall be fully agreed that this application may be rejected if found to be not eligible or may be withdrawn due to lack of cooperation of the applicant and/or applicant's agency or company. Applicant(s) shall also abide by all policies of DOST-TAPI.

Name: _____ Designation: _____ Affiliation: _____	Signature: _____
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