

BASELINE REPORT

Introduction

This report is one of a series that you will complete 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 primary purpose of the present report is to gather baseline information about your project and organization. Because the information requested is quite diverse, the person completing this report may need to gather information from various organization 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 organization as a whole.

Please respond to the questions on this report with regard to the following project:

Project title: []

Period of performance: []

Award Number: []

1. Administrative Information
2. Key Personnel
3. Subcontractors
4. Organization Characteristics
5. ATP Project Characteristics
6. Research Effort
7. Technology Innovation
8. Future BRS Reports

OMB No: 0693-0009 Expiration Date: 11/30/06. This report is authorized under the Paperwork Reduction Act. Under the terms and conditions of your ATP award, your response is mandatory. Data collected will be shared with ATP staff, but considered confidential by ATP staff. Public reporting burden for this collection of information is estimated to average 45 to 75 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Director, Advanced Technology Program, National Institute of Standards and Technology, 100 Bureau Drive, Stop 4700, Administration Building, Room A333, Gaithersburg, Maryland 20899-4700.

Section 1: Administrative Information

Organization Information

The information shown below refers to your organization. Please verify the accuracy of this information.

COMP_NAME	Organization 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 organization name and address info if available]

[Programmer Note: TCON_FNAME and TCON_LNAME are required fields]

[If TYPE_OF_PARTICIPATION = 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.

Please complete the following information for the Principal Investigator.

[If TYPE_OF_PARTICIPATION = JVP]

Technical Contact

The Technical Contact person for your organization should be a mid- to senior-level person with responsibility for direction and supervision of technical work on this ATP-funded project.

Please complete the following information for your organization's 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 organization should be a mid- to senior-level person with responsibility for business development and commercialization aspects of this ATP-funded project.

TCON_EQ_BCON

Is your Business Contact the same person as your

[If **TYPE_OF_PARTICIPATION = JVL**

Principal Investigator: **TCON_FNAME TCON_LNAME**]

[If **TYPE_OF_PARTICIPATION = JVP**

Technical Contact: **TCON_FNAME TCON_LNAME**]

Yes	1
No.....	2

If TCON_EQ_BCON = 1 [Yes]: copy contact info for TCON into BCON variables

If TCON_EQ_BCON = 2 [No]:

Please complete the following information for your organization’s 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 (*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

Administrative Contact

The Administrative Contact person is responsible for administrative issues relating to the ATP Cooperative Agreement, including managing contract, budget, and related matters.

Is your Administrative Contact the same person as your

ACON_EQ_TCON

[If TYPE_OF_PARTICIPATION = JVL

Principal Investigator: TCON_FNAME TCON_LNAME]

[If TYPE_OF_PARTICIPATION = JVP

Technical Contact: TCON_FNAME TCON_LNAME]

ACON_EQ_BCON

Business Contact: BCON_FNAME BCON_LNAME] ?

Yes 1
 No..... 2

If ACON_EQ_TCON = Yes: copy contact info for TCON into ACON variables

If ACON_EQ_BCON = Yes: copy contact info for BCON into ACON variables

If both ACON_EQ_TCON and ACON_EQ_BCON =No:

Please complete the following information for your organization’s 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 (no PO Box addresses, please)
- 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 Ext.
- ACON_FAX Fax
- ACON_EMAIL E-mail

Section 2: Key Personnel

Key Project Personnel

In the table below, please identify employees from your organization who are key personnel for the ATP project at this time.

First Name	Last Name	Gender	Position Title	Delete Entry
[TCON_FNAME]	[TCON_LNAME]	Male.....1 Female.....2	[TCON_TITLE]	
[BCON_FNAME]	[BCON_LNAME]	Male.....1 Female.....2	[BCON_TITLE]	
[ACON_FNAME]	[ACON_LNAME]	Male.....1 Female.....2	[ACON_TITLE]	
KP#_FNAME	KP#_LNAME	KP#_GNDR	KP#_TITLE	

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]

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

[Programmer note: Variables KP#_FNAME KP#_LNAME indicate the names of all key personnel, including TCON, BCON, ACON.]

For the key personnel shown below, please indicate graduate degrees that each person holds. Please 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 shown 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	Total years of work experience
[KP#_FNAME KP#_LNAME]	__ years
[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. Please check all that apply for each person.

Name	Technical Role	Management Role
[KP#_FNAME KP#_LNAME]		
[KP#_FNAME KP#_LNAME]		
[KP#_FNAME KP#_LNAME]	KP# _TECHROLE	KP# _MGMTROLE

[Programmer note: In tables above, variable KP#_ indicates names of all key personnel, including TCON, BCON, ACON.]

Section 3: Subcontractors

Subcontractor Information

SUBS

Does your organization have any subcontractors for the ATP project?

Yes1
 No.....2

In the table below, please identify subcontractors working for your organization on the ATP project. For joint venture (JV) projects, please report only subcontractors that your organization pays directly. Other JV partner organizations will report subcontractors that they pay directly.

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 subcontractor]

SUB#_ORGTTYPE

The subcontractor [SUB#_ORG] is a: (Check one)

- For-profit business1
- University.....2
- Government laboratory3
- Non-profit organization4
- Other type of organization5

SUB#_EMPLOY

How many total employees does this subcontractor have?

- Fewer than 10.....1
- 10 to 992
- 100 to 4993
- 500 or more4

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_TITLE	Position Title
SUB#_CON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
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 organization worked with this subcontractor before (i.e., prior to the current ATP project)?

- Yes1
- No.....2

[If SUB_PRIOR = Yes]

SUB#_PRIORYRS

How many years of experience has your organization had working with this subcontractor?

____ Years (1-99)

SUB#_AMOUNT

What is the total amount of this subcontract for the ATP project?

\$_____ (0.00-999.99)

- Thousands1
- Millions2

SUB#_AMOUNT_UNITS

Does the work performed by this subcontractor on the ATP project involve:

		Yes	No
SUB#_RD	Collaborative R&D?	1	2
SUB#_EQUIP	Design and delivery of specialized equipment?	1	2
SUB#_MAT	Provision of specialized materials?	1	2
SUB#_TEST	Testing or laboratory services?	1	2
SUB#_OTH	Other	1	2
SUB#_OS	Please specify:		

SUB#_DESC

Please briefly describe the subcontract work, and indicate why this subcontractor was selected to perform the work.

Section 4: Organization Characteristics

Please provide descriptive information on your organization [COMP_NAME]

Background Information

COMP_MULTI_ESTAB

Does your organization currently have more than one location?

Yes1
No.....2

COMP_EST_YR

In what year was your organization established?

_____Year (1800-2005)

Employment Information

Please provide employment information for your organization [COMP_NAME].

COMP_EMPLOY

Including full-time and part-time employees, how many employees did your organization have at the end of the last calendar quarter?

_____ Total employees (0-999,999)

COMP_EMPLOY_RD

Including full-time and part-time employees, how many employees at your organization worked **in R&D** at the end of the last calendar quarter?

_____ R&D employees (0-999,999)

Financial Information

Please provide the following financial information for your organization [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

Including all sources of revenue (e.g., gifts, sales, licensing, research contracts, grants, etc.), what were total organization revenues for the last fiscal year?

\$_____ (0.00-999.99)

Thousands1

Millions2

Billions3

COMP_REVENUE_UNITS

COMP_RD

What were total R&D expenditures at your organization for the last fiscal year?

\$_____ (0.00-999.99)

Thousands1

Millions2

Billions3

COMP_RD_UNITS

R&D Characteristics of Your Organization

[If COMP_RD > 0]

You reported that your organization's total R&D expenditures for the fiscal year were: [COMP_RD][COMP_RD_UNITS].

What percent of your organization'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

What percent of your organization's R&D expenditures last fiscal year was devoted to research projects with project duration of three years or more?

_____ % (0-100)

COMP_RD_EXT

What percent of your organization's R&D expenditures last fiscal year was funded from external resources (e.g., government sources, companies)?

_____ % (0-100)

If COMP_RD_EXT > 0:

Of your organization's **externally** funded R&D expenditures last year, what percent was from:

Federal government	_____ %	COMP_RD_FED (0-100)
State and local government	_____ %	COMP_RD_STATE (0-100)
Companies	_____ %	COMP_RD_CORP (0-100)
Other external sources	_____ %	COMP_RD_OTH (0-100)

SUM = 100%

Has your organization ever received assistance for R&D 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**

COMP_PROGSUPPORT_YR

What was the most recent year in which your organization received assistance from a state or local government program, university program, or technology or business incubator?

_____ Year (1980-2005)

[If COMP_MULTI_ESTAB = Yes]

R&D Characteristics of Your Location

Since your organization has more than one location, please answer the following questions with respect to your own specific location.

ESTAB_TYPE

Is your location dedicated exclusively to R&D?

Yes1

No.....2

ESTAB_RD

What were total R&D expenditures at your location for the last fiscal year?

\$ _____ (0.00-999.99)

Thousands1

Millions2

Billions.....3

ESTAB_RD_UNITS

ESTAB_EMPLOY

At the end of the last calendar quarter, how many employees worked at your location?

____ Employees (1-99,999)

ESTAB_EMPLOY_RD

At the end of the last calendar quarter, how many employees worked **in R&D** at your location?

____ R&D employees (1-99,999)

Section 5: ATP Project Characteristics

Project Description

PROJ_DESC

Please describe the key technology and R&D expertise that your organization brings to this project.

PROJ_GOAL

Please describe your organization's "big-picture" overall technical and business goal for this project?

Project Difficulty and Risk

PROJ_AMBITIOUS

Relative to other R&D initiatives in your industry, how ambitious would you say are the overall goals identified for this project?

Much less ambitious Equally ambitious Much more ambitious
 1-----2-----3-----4-----5-----6-----7

To what extent would you say your project represents:

NEWDIR_COMP

A new R&D direction **for your organization?**

Large extent4
 Moderate extent3
 Small extent2
 Not at all.....1

NEWDIR_FIELD

A new R&D direction **for your industry or technology field?**

Large extent4
 Moderate extent3
 Small extent2
 Not at all.....1

PROJ_DIFFICULT

Consider the technical difficulty of your ATP project. How does this project compare to a **typical R&D project** at your organization?

Much less difficult Equally difficult Much more difficult
 1-----2-----3-----4-----5-----6-----7

TYP_TECH_PROB

Consider technical risk. What would you say is the probability, from 0% to 100%, that a **typical R&D project** at your organization can achieve all of the technical targets required for project success?

____% (0-100)

ATP_MINTECH_PROB

For your ATP project, consider the technical risk in achieving your minimal technical goals. What would you say is the probability, from 0% to 100%, that your company can achieve the minimal technical targets required for success on this project?

____% (0-100)

ATP_MAXTECH_PROB

For your ATP project, consider the technical risk in achieving your maximal “stretch” technical goals. What would you say is the probability, from 0% to 100%, that your company can achieve the maximal “stretch” technical goals for this project?

____% (0-100)

ATP_BUS_IMPACT_TIME

Consider the expected business impact of the ATP-funded project on your company. Approximately how many years after the start of the project do you expect results to first have an impact on company revenues or costs?

____years (0-99)

○ Not applicable (-99)

TYP_BUS_IMPACT_TIME

For a **typical R&D project** at your company, approximately how many years after the start of the project would you expect results to first have an impact on company revenues or costs?

____years (0-99)

○ Not applicable (-99)

PROJ_PROB

Think about the overall goal of the joint venture (JV) project as a whole. Considering all aspects of technical and business risks and challenges, what is your current estimate of the probability, from 0% to 100%, that **the JV project** can fully achieve its overall goals?
____% (0-100)

PROJ_COMP_PROB

Think about your organization's overall goals for the project. Considering all aspects of technical and business risks and challenges, what is your current estimate of the probability, from 0% to 100%, that **your organization** can fully achieve its overall goals?
____% (0-100)

Technology Source

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

To what extent does your ATP project:

BUILD_PREV

Build on previous R&D work at your organization?

- Large extent4
- Moderate extent3
- Small extent2
- Not at all.....1

ENHANCE_PREV

Enhance the value of previous R&D work at your organization?

- Large extent4
- Moderate extent3
- Small extent2
- Not at all.....1

	To what extent is your ATP project based on:	Large Extent	Moderate Extent	Small Extent	Not at all
RES_UNIV	Research from universities	4	3	2	1
LIC_UNIV	Technology licensed from universities	4	3	2	1
RES_GOV	Research from government laboratories	4	3	2	1
LIC_GOV	Technology licensed from government laboratories	4	3	2	1
RES_NP	Research from other non-profit institutions	4	3	2	1
LIC_NP	Technology licensed from other non-profit institutions	4	3	2	1
RES_COMP	Research from companies	4	3	2	1
LIC_COMP	Technology licensed from companies	4	3	2	1

Technology Diffusion

Think about the types of knowledge that your ATP project is expected to produce.

Consider research findings to be knowledge that can be written down and easily communicated to others, and research “*know-how*” to be knowledge gained from experience and practice that is less easily transferred.

RESULTS_DIFFUSION

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

- 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 end4
- Never.....5

KNOWHOW_DIFFUSION

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

- 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 end4
- Never.....5

	To what extent does your organization encourage staff to:	Large Extent	Moderate Extent	Small Extent	Not at all
RES_PUB	Publish articles in research journals	4	3	2	1
IND_PUB	Publish articles in trade publications	4	3	2	1
RES_CONF	Participate in research meetings and conferences	4	3	2	1
IND_CONF	Participate in industry meetings and conferences	4	3	2	1

To what extent does your organization plan to actively disseminate:

RESULTS_DISSEM

Research *findings* from your ATP project?

- Large extent4
- Moderate extent3
- Small extent2
- Not at all.....1

KNOWHOW_DISSEM

Research “*know-how*” from your ATP project?

- Large extent4
- Moderate extent3
- Small extent2
- Not at all.....1

Intellectual Property and Innovation

Consider the importance of existing intellectual property (IP) for carrying out your ATP joint venture (JV) project.

How important are each of the following:

Existing IP owned by your organization OWN_BIP

- Extremely important4
- Very important3
- Somewhat important2
- Not too important1

Existing IP owned by your JV partners JVP_BIP

- Extremely important4
- Very important3
- Somewhat important2
- Not too important1

Existing IP owned by companies or organizations outside of your JV, that your organization already has access to under negotiated agreements LIC_BIP

- Extremely important4
- Very important3
- Somewhat important2
- Not too important1

Existing IP owned by companies or organizations outside of your JV, that your organization will need to gain access to through future negotiation TBD_BIP

- Extremely important4
- Very important3
- Somewhat important2
- Not too important1

BIP_PATENT

Does your ATP project depend on any key patents?

- Yes1
- No.....2

[If BIP_PATENT = Yes]

Of the key patents that your ATP project depends on...

BIP_OWN_PATENTS

How many are owned by your organization?

____ Patents (0-99)

BIP_JVP_PATENTS

How many are owned by your JV partners?

____ Patents (0-99)

BIP_LIC_PATENTS

How many are licensed from companies or organizations outside your JV?

____ Patents (0-99)

	For your organization, how important are each of the following means of capturing value from innovation:	Extremely important	Very important	Somewhat important	Not too important
VALCAP _SECRECY	Maintaining intellectual property through trade secrecy	4	3	2	1
VALCAP _PATENT	Maintaining intellectual property through patent or copyright protection	4	3	2	1
VALCAP _RDCAPAB	Using complementary R&D capabilities	4	3	2	1

	How important are the following reasons in your organization's decisions to patent technology:	Extremely important	Very important	Somewhat important	Not too important
PAT_LICREV	To earn licensing revenue	4	3	2	1
PAT _TRADE	To gain access to the technology of others through cross-licensing agreements	4	3	2	1
PAT _BLOCK	To block others from patenting technology paths important to your organization	4	3	2	1
PAT _DEFEND	To prevent patent infringement lawsuits against your organization	4	3	2	1
PAT _RDREP	To enhance the reputation of your organization and your R&D employees	4	3	2	1

R&D Collaboration

COLLAB_RD

Aside from your current ATP project, has your organization participated in collaborative R&D partnerships or relationships with other organizations within the past 3 years?

- Yes1
- No.....2

[If COLLAB_RD = Yes]

Within the past 3 years, how many collaborative R&D partnerships or relationships has your organization had with:

COLLAB_CORP

Companies?

- 0.....1
- 1-22
- 3-53
- 6-104
- 11+5

COLLAB_UNIV

Universities?

- 0.....1
- 1-22
- 3-53
- 6-104
- 11+5

COLLAB_GOV

Government laboratories?

- 0.....1
- 1-22
- 3-53
- 6-104
- 11+5

COLLAB_NP

Other non-profit organizations?

- 0.....1
- 1-22
- 3-53
- 6-104
- 11+5

How important was each of the following reasons in your organization's decision to partner with other companies or organizations in the ATP-funded joint venture (JV) project.

		Extremely important	Very important	Somewhat important	Not too important
JV_POOL	To pool resources with other firms in order to reduce the cost of R&D or achieve a greater scale of effort	4	3	2	1
JV_RDCOMP	To benefit from complementary R&D expertise and capabilities of different firms	4	3	2	1
JV_LEARN	To gain knowledge and learn from other firms	4	3	2	1
JV_INDOBJ	To address a technological problem that is common to your industry	4	3	2	1
JV_OTH	Other,	4	3	2	1
JV_OS	please specify:				

JV_STRUCTURE

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

- One project leader; other partners have supporting roles1
- Some partners are principal participants; other partners have supporting roles2
- All partners have equally important roles3

Would you characterize any of your JV partner companies as a:

JV_SUPPLIER

_ Supplier (partner organization provides inputs to your organization’s products/technologies)

JV_CUSTOMER

_ Customer (partner organization purchases your organization’s products/technologies)

JV_COMPLEMENTOR

_ “Complementor” (partner organization’s products/technologies are used together with your organization’s products/technologies)

JV_COMPETITOR

_ Competitor (partner organization serves the same product market as your organization)

JV_OTHER, JV_OSPEC

_ Other, please specify: _____

JV_PRIOR_RESREL

Prior to this project, to what extent did your organization have existing **research** relationships with your JV partner organizations?

- Large extent4
- Moderate extent3
- Small extent2
- Not at all.....1

JV_PRIOR_BUSREL

Prior to this project, to what extent did your organization have existing **business** relationships with your JV partner organizations?

- Large extent4
- Moderate extent3
- Small extent2
- Not at all.....1

JV_COLLAB_GENEXP

Prior to this project, to what extent did key members of your project team have experience working in R&D collaborations with companies?

- Large extent4
- Moderate extent3
- Small extent2
- Not at all.....1

JV_COLLAB_SPECEXP

Prior to this project, to what extent did key members of your project team have experience working with key members from your JV partners' teams?

- Large extent4
- Moderate extent3
- Small extent2
- Not at all.....1

Section 6: Research Effort

Line of Research

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

LOR_DESC (REQUIRED VARIABLE)

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

LOR_PREV3_RD

In the three years **before the ATP award**, how much R&D expenditure did your organization devote to this line of research? (Your best estimate is fine. Please include expenditures from both internal and external sources of funding.)

\$ _____ (0.00-999.99)

Thousands1
Millions2

LOR_PREV3_UNITS

[If LOR_PREV3_RD > 0]

LOR_PREV3_RD_EXT

What percent of the R&D expenditures for this line of research was funded from external sources outside your organization (e.g., government sources, companies)?

_____% Percent of R&D funded from external sources (0-100)

[If LOR_PREV3_RD_EXT > 0]

For the three years prior to this ATP award, please indicate the sources of external funding for this line of research.

Did your organization receive funding from the following sources?

LOR_FED, LOR_FED_SPEC

Federal government programs

- Yes1
- No.....2
- Don't Know -7

If Yes:

Specify agency and program:

LOR_LOCAL

State and local government programs

- Yes1
- No.....2
- Don't Know -7

LOR_OTH

Companies

- Yes1
- No.....2
- Don't Know -7

Project Effort

PROJ_IDEA_DEV

To what extent had you developed this R&D project idea prior to thinking about applying to ATP?

- Large extent4
- Moderate extent3
- Small extent2
- Not at all.....1

PROJ_WO_ATP

If the ATP funding had not been received, do you think your organization would be carrying out any part of this project at this time?

- Yes1
- No.....2

If PROJ_WO_ATP = Yes:

PROJ_WO_ATP_SCALE

Without ATP funding, how much of the ATP project do you think your organization would be carrying out?

- 1% to 20%1
- 21% to 40%2
- 41% to 60%3
- 61% to 80%4
- 81% 100%5

If PROJ_WO_ATP_SCALE = 5 (81% to 100%):

PROJ_WO_ATP_SAME

Without ATP funding, would you have undertaken a project with the same or equivalent technical goals and milestones as the ATP project?

- Yes1
- No.....2

JV_WO_ATP

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

- Yes1
- No.....2

Section 7: Technology Innovation

Technology Innovation

TECH_INNOV

Please briefly describe the key technological innovation of your ATP project, and your organization's contribution to that innovation.

TECH_ADVAN

What is the advantage of this technology over existing technologies or alternative technologies?

In the following questions, we use the term **product** to include both goods and services.

For your organization, would you describe your ATP-funded technology as:

PRODUCT_TECH

A **product** technology to implement new or improved products with better performance characteristics

- Yes1
- No.....2

PROCESS_TECH

A **process** technology to implement new or improved methods of production or delivery

- Yes1
- No.....2

ROY_LIC

With commercialization of your technology, do you expect your organization to receive royalties from licensing the technology to others?

- Yes1
- No.....2
- Don't Know -7

Product and Applications

[If TYPE_OF_PARTICIPATION = JVL]

We use the term **product** to include both goods and services.

Please think about the product (the good or service) from your organization that incorporates the ATP project technology. This product embodies either a product innovation or a process innovation from the ATP project.

PROD_DESC

Please describe this product from your organization. Describe the product in general terms; later in this section we will ask you to describe product applications.

For joint venture (JV) projects, please describe only your organization’s product. Other JV partners will report on their products.

Compared to existing products, does this product provide ...

- New features PROD_ADVAN_FEAT
- Improved performance PROD_ADVAN_PERF
- Lower cost PROD_ADVAN_COST

(Check all that apply.)

We use the term **product application** to mean applications to specific industry uses. Please describe potential product applications that your organization has identified.

Potential product applications	Delete Entry
APP#_DESC	

Add/Update

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

Section 8: Future BRS Reports

BRS Contact Person

The BRS Contact Person for your organization will receive future notifications regarding BRS reports. From the list below, please designate your BRS 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., Ms.]
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 Baseline 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 easy3
- Somewhat easy.....2
- Very easy1

NUM_CONSULTED

How many people did you consult to answer questions on the report?

REPORT_LIKED

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

REPORT_IMPROVE

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