| 1. **FACILITATOR/ENABLER PROFILE**

Name of Facilitator/Enabler:Organizational Affiliation: |
| --- |
| **(2) FACILITATOR/ENABLER DETAILS****A. Details of organizational affiliation** : a) organizational history; b) description of the organization; c) organizational mandates; d) organizational profile; and e) network profile; **B. Details of the Facilitator/Enabler** - a) history including date of office/unit establishment; b) description of the office/unit including its mandate; c) profile of the unit/office; and d) major accomplishments of the unit/office |
| **(3) BREADTH OF PORTFOLIO BEING HANDLED** (Details such as: a) inventory of technologies; b) no. of technologies protected/assisted for protection; c) pre-commercialization services prepared/assisted; d) organizational structure (readiness in terms of structural form and organization engagement); and e) innovation related policies crafted/implemented) |
| **(4) TECHNOLOGIES FACILITATED FOR COMMERCIALIZATION** (Please attach copy of licensing agreement/s) |
| **(5) ACTIVITIES CONDUCTED TO FACILITATE COMMERCIALIZATION OF TECHNOLOGIES** (Details such as: a) list of services provided to clients; b) feedback from the technology generators; c) facilitation/enabling strategies (include list of services, or mentoring activities conducted); d) no. of technology promotion activities (exhibits, fora, pitch days, bootcamps, etc.); e) Extent of strategic partnerships and linkages; and f) negotiation activities.) |
| **(6) PARTNERSHIPS FORGED** (attach partnership/commercialization agreement) |
| **(7) AT LEAST ONE (1) SUCCESS STORY OF FACILITATION/ENABLING** (Must include: a) beneficiary history and details; b) description of the technology featured in the success story; and c) facilitation/enabling strategies (include list of services, or mentoring activities conducted) |
| **(8) INCOME (Gross and Net) AND JOBS GENERATED FROM THE FACILITATION OF THE COMMERCIALIZATION OF TECHNOLOGIES** |
| **(9) AWARDS/RECOGNITIONS RECEIVED IN RELATION TO THE FACILITATION OF THE COMMERCIALIZATION OF TECHNOLOGY/IES** (attach proof of award/recognition) |
| **(10) IMPACT TO THE SOCIETY/COMMUNITY** |

I HEREBY CERTIFY that the information provided in this form is complete, true and correct to the best of my knowledge. Any willful omission/false statement shall be a basis of disapproval and cancellation of the nomination.

|  | **SUBMITTED BY:** | **ENDORSED BY:** |
| --- | --- | --- |
|  | (Name of Facilitator/Enabler Lead) | (Head of Agency) | (Consortium Director/DOST Regional Director) |
| Signature |  |  |  |
| Printed Name |  |  |  |
| Designation/Title |  |  |  |
| Contact Details: (cell phone number and email address) |  |  |  |
| Date |  |  |  |