



**Small Business Innovation Research
Matching Grant §15-3-601
Discretionary Incentive Application**

The incentive programs included in this application are discretionary and may only be offered upon approval by the Director of the Arkansas Economic Development Commission. This application should not be completed unless the incentive has been offered by the director.

OFFICE USE ONLY

Project #

Project Manager

Date Received

SBIR

**Phase I,
Phase II**

Please provide a complete copy of the funded contract/grant from the Federal Funding Agency.

Check all that apply:

SBIR PHASE I- Match up to \$50,000

SBIR PHASE II- Match up to \$100,000

Applicant (Must include Arkansas address)

Local Operating Name of Company

Mailing Address

City/State

Zip

Physical Location of Project

City/State/Zip

County

Name and Title of Local Company Contact

Phone

Fax

Company Contact e-mail address

Company Website

Complete Company Name, if company is filing for a grant under a different name

**Targeted
Business
Sector**

Please select which targeted business sector(s) the applicant is primarily engaged in:

- Advanced materials & manufacturing systems
- Agriculture, food and environmental sciences
- Biotechnology, Bioengineering and Life Sciences
- Information Technology
- Transportation Logistics
- Bio-based Products

**Employment
Information**

Present employment: _____ Number of proposed new jobs: _____

Average Hourly wage of employees: \$ _____

Total annual payroll of business : \$ _____

Total amount of equity investment in the business \$ _____

Project Description: (Attach no more than three pages. Must include a section outlining the advancement of employment in Arkansas.)

Amount of Federal SBIR Grant _____

Department (NSF, NIH, etc.) _____

Start Date of Project _____

Estimated Completion Date of Project _____

Provide a description of each expense and from which source the expense will be paid for the proposed project.

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				Total
Employees	Title	Hours	Hrly Rate	
				\$ -
Consultants	Role	Hours	Hrly Rate	
				\$ -
Equipment (* = Include if leased)		*Hours	*Hrly Rate	
				\$ -
Materials		Units	Cost per	
				\$ -
Other		Units	Cost per	
				\$ -
Total Project Costs				\$ -

Consultant Information (If Applicable)	Name of Consultant filing this application Phone Fax		
	Consultant Firm Name		
	Mailing Address		City/State/ Zip
	Consultant E-mail address		

Certification

The undersigned authority, _____ acknowledges that he/she is
Company Official (Printed Name)
 the owner or authorized official of the applicant company that has the authority to act on behalf of the applicant.

This affidavit is made for the specific purpose of verifying that the information contained in this application is true and correct. The applicant acknowledges that only those eligible project costs incurred and/or employees hired after the date this application is received by the Commission will be considered for matching funds. The SBIR Matching Grant program requires a separate grant agreement, signed by the applicant company and the Commission.

 Signature of Company Official

 Title

 Date

Contract Disclosure:

Any individual contracting with the State of Arkansas must make full disclosure if he or she is a current or former: member of the General Assembly, Constitutional Officer, Board or Commission member, State employee, or the spouse or immediate family member of any of the persons described herein; or if such persons having any position of control or any ownership interest of ten percent (10%) or greater in the entity currently applying to contract with the State. Please indicate if this disclosure is required for this application. Failure to disclose such information is a criminal offense and shall render any contract with the State of Arkansas null and void.

Disclosure Required?: Yes or No.

If you have questions about the incentive programs included in this application, please call the Arkansas Economic Development Commission at 501-682-1682 or visit the Commission's website at www.ArkansasEDC.com.

Submit this application to:

Incentive Manager- Finance Division
Arkansas Economic Development Commission
900 West Capitol, Suite 400
Little Rock, AR 72201

AEDC APPROVAL

The Commission's approval of this application is based upon its content. This grant is subject to audit from the Arkansas Bureau of Legislative Audit.

AEDC Executive Director