



**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.)

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.

				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				\$ -

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NOTE: Information contained in this application is subject to audit by the Arkansas Department of Finance and Administration. If any of the above information is found to be inaccurate and does not qualify, the business will be decertified and shall not receive any benefits and may be required to repay any benefits received, plus penalty.

Ownership of Company (Please check the appropriate box.)☐ LLC

☐ Small Business Corporation
(Sub S Corporation)

If ownership of company is Individual, Partnership, LLC or Small Business Corporation, please provide the following information (a separate attachment may be submitted if necessary):

Name(s) of Owner(s)	Percent Ownership	Social Security Number or Federal Tax I.D. Number

When does your tax year end? _____ _____
Month Date

Employer's Federal I.D. Number _____

Arkansas Sales or Consumer Use Tax Number

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