ARKANSAS	OFFICE USE ONLY
Small Business Innovation Research Matching Grant §15-3-601	Project #
Discretionary Incentive Application	Project Manager
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	Date Received
offered by the director.	

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 (Mu	ust 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	Please select which targeted business sector(s) the applicant is primarily engaged in:
Business Sector	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	nse and from which	source th	e expens	e will be pa	id for the	
proposed project.	1					
					Tota	al
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					\$	-

NAICS Classification Code		application is subject t the above information d and shall not receive	o audit by the Arkansas Department of n is found to be inaccurate and does not	
Information	Ownership of Company (Please	e check the appropriate	e box.)	
for Grant	Individual	Partnership		
	Taxable Corporation Small Business Corporation (C 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				
I.D. Numbers	Employer's Federal I.D. Number			

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 <u>www.ArkansasEDC.com</u>.

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