



# **Innovation Network Matching Grants Application Materials**

Innovation Network Matching Grants program details can be found at:

<http://commerceri.com/services/taxes-incentives/>

## Innovation Network Matching Grant Application Submission Instructions

Please submit a complete electronic copy of the application by email to [Innovation@commerceri.com](mailto:Innovation@commerceri.com). The subject line should read "NetworkMatching\_[applicantname]," for example: "NetworkMatching\_ABCCorp." Proposals should be submitted as a single PDF file, saved as "NetworkMatching\_[applicantname]".

Questions on the application process may be submitted to [Innovation@commerceri.com](mailto:Innovation@commerceri.com).

- **Read and review the Rules and Regulations for the Innovation Network Matching Grant Program, including all eligibility requirements, before completing this application. All eligibility requirements must be met for an application to be considered.** Meanings of the defined terms in the Rules and Regulations carry through to all application materials. The rules and regulations are available online at: <http://commerceri.com/wp-content/uploads/2015/11/Network-Regs-Final.pdf>.
- This application may be updated from time to time. **Please ensure the most up-to-date version of the application is used for a response.** The up-to-date version is located here: <http://commerceri.com/finance-business/taxes-incentives/innovation-network-matching-grants/>.
- The Innovation Network Matching Grant application consists of an application form, a set of required attachments, and a certification form. To be considered for an Innovation Network Matching grant, all items must be submitted in a single submission, organized as instructed below. Failure to provide required information could result in a delay in the review of, or rejection of, an application.
- The Commerce Corporation reserves the right to require the submission of additional information in connection with any application or to require the revision of an application.
- Applicants approved for an Innovation Network Matching Grant will be required to enter into a grant agreement with the Commerce Corporation in order to receive the grant. The Commerce Corporation may request additional information in the course of negotiating that agreement.
- **Applications are now due on a rolling basis.** The Commerce Corporation will begin reviewing and advancing applications upon receipt.

# Innovation Network Matching Grant Application

## 1. Applicant Information

Business/Organization Name \_\_\_\_\_

Trade Name/DBA \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Business Phone \_\_\_\_\_ Website \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ RI Tax ID # \_\_\_\_\_

RI House District # \_\_\_\_\_ RI Senate District # \_\_\_\_\_

### **Primary Contact for Application:**

Full Name \_\_\_\_\_

Job Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## 2. Network Matching Grant Information

Amount Requested (minimum of \$50,000) \_\_\_\_\_

Cash Match Amount (if any) \_\_\_\_\_ Dollar Value of In-Kind Services Match (if any) \_\_\_\_\_

Anticipated Project Start Date \_\_\_\_\_ Anticipated Project Completion Date \_\_\_\_\_

Identify Targeted Industry of the Project (select as many as apply):

- |                                                                  |                                                                 |
|------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Life Sciences/Biomedical Innovation     | <input type="checkbox"/> Design, Materials, and Manufacturing   |
| <input type="checkbox"/> Cyber and Data Analytics/Cyber Security | <input type="checkbox"/> Transport, Distribution, and Logistics |
| <input type="checkbox"/> Maritime                                | <input type="checkbox"/> Defense                                |
| <input type="checkbox"/> Food and Agriculture                    | <input type="checkbox"/> Tourism and Arts                       |
| <input type="checkbox"/> Clean Technology/Energy Efficiency      | <input type="checkbox"/> Other Technology: _____                |
| <input type="checkbox"/> Other Health Care: _____                |                                                                 |

Identify Primary Goal(s) of The Project:

- |                                                  |                                            |
|--------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Technical Assistance    |                                            |
| <input type="checkbox"/> Space on flexible terms | <input type="checkbox"/> Access to capital |
| <input type="checkbox"/> Other: _____            |                                            |

### 3. Required Attachments

Please attach to the application form responses to the following prompts. Attach these items in the order provided below. Each attachment should have a cover page that identifies the attachment, e.g., "Attachment 1: Project Description."

All applicants are advised that any and all records (documents, correspondence, memoranda, etc.), received or maintained by the Commerce Corporation may be a matter of public record and subject to release upon a request from a member of the public under the Rhode Island Access to Public Records Act ("APRA"), R.I. Gen. Laws Section 38-2-1 *et seq.* In response to a request, the Commerce Corporation has the right, in its sole discretion, to redact or withhold information which is exempt from disclosure under APRA, including trade secrets and commercial or financial information which is of a privileged or confidential nature. **The Corporation recommends that any portion of any attachment in the application that contains such information be clearly labeled with the legend "Confidential Information."**

#### Attachment 1: Project Description

Provide a detailed description of the project not to exceed 5 pages in length. The summary should include the following elements, with each element introduced by the corresponding heading (e.g., the first heading should be "Applicant Profile and Organization Competency"):

- **Applicant Profile and Organization Competency.** A description of the applicant's philosophy, mission, and approach to assisting small businesses to innovate and grow.
- **Statement of Work.** A detailed description of the proposed project and its objectives, including (i) services to be provided to Rhode Island small businesses, with an explanation of the specific ways the project will increase small business innovation capacity; (ii) the project's approach/methodology; (iii) businesses to be served by growth stage, industry, and geography; (iv) anticipated outcomes and deliverables; and (v) the outreach and marketing approach to reach the intended audience. In addition, address whether the project fills a gap in the Rhode Island innovation ecosystem by, for example, reaching underserved or high impact sectors or offering services that are difficult to obtain. Include a project timeline and identify project milestones.
- **Project Impact.** A detailed description of how the applicant will monitor the effectiveness and impact of the project.
- **Future Steps.** A description of a plan for sustaining and/or growing the program after the exhaustion of the grant and match.
- **Project Summary.** A 2-3 sentence summary of the project easily understood by a lay person for use in public documents.

#### Attachment 2: Project Match

A description of the in-kind resources and/or funds that will be dedicated to support the project. For a match of in-kind services, include a valuation of the services to be provided together with a detailed explanation of the valuation method, and evidence appropriate to substantiate such valuation.

#### Attachment 3: Qualifications of Project Personnel

For the project lead at the business/organization and for each member of the core project team, provide his or her name, title, and a narrative description of his or her key qualifications with regards to conducting the proposed project.

#### **Attachment 4: Partnering Institutions**

A description of any external organizations that the applicant intends to partner with on the project, including a description of the governance of any such organizations.

#### **Attachment 5: Site Control**

If the project requires acquisition of a new location, identify the location and provide documentary evidence of existing or anticipated control over such location(s), such as proof of ownership, a purchase and sale agreement, a lease, or a letter of intent. If not applicable, indicate "N/A."

#### **Attachment 6: Other Incentives**

List all federal, state, and local incentives, grants, tax credits or other aid that will or may be received or requested for the project, and the status of the application for each.

#### **Attachment 7: Previous Outcomes**

Provide a description of the applicant's previous outcomes and effectiveness in endeavors similar to the project, which may include third-party evaluation; information tracked by the applicant; testimonials; press clippings; grants, awards, or special recognitions received; and any other relevant information.

#### **Attachment 8: Disclosures**

Provide (1) the full name and address of each individual who is an owner, partner or investor or otherwise holds an interest in an applicant either individually or through one or more other entities (except that individuals having an interest in an applicant by virtue solely of ownership in a publicly-traded corporation need not be listed); (2) a complete list of each entity holding an interest in the applicant; and (3) a complete list of each officer, director or manager of the applicant.

#### **Attachment 8: Budget and Justification Narrative**

Use the included template to provide a line item budget for the project. Attach a budget justification sheet explaining each expense.

## Budget Template

TOTAL PROJECT BUDGET		FUNDING SOURCE		BUDGET NARRATIVE
Budget Expense Category	Project Expenses	Network Matching Grant Funds	Leveraged Resources (Cash & In-Kind Support)	Narrative description of each expense with calculation assumptions. Describe type of leveraged resources.
Professional Personnel (list)				
1.				
2.				
3.				
Fringe Benefits				
Administrative Personnel (list)				
1.				
2.				
3.				
Fringe Benefits				
<b>Operating Costs</b>				
Materials/supplies				
Equipment				
Travel				
Conference/Symposiums				
Recruitment activities				
Facilities				
Other				
<b>TOTALS</b>				

#### 4. Applicant Certification

The undersigned is an authorized representative of the Applicant listed below with the authority to bind the company for the proposed Innovation Network Matching Grant Program.

I certify that:

- All statements made in this Application in its entirety including all attachments, appendices, etc. are true and correct to the best of my knowledge.
- The Applicant is neither a person subject to the Rhode Island Code of Ethics nor a person within the scope of R.I.G.L. § 36-14-5(h).
- The Applicant has not been convicted of bribery or attempting to bribe a public official or employee of the Rhode Island Commerce Corporation or of the State, has not been disqualified from an awarded contract with Rhode Island Commerce Corporation or the State, and has never defaulted on work awarded by the Rhode Island Commerce Corporation or the State.

Authorized Representative:

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Title:

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Signature:

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Date Signed:

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