



**Rhode Island Innovation Initiative  
Innovation Voucher  
Application Materials**

## Innovation Voucher 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 "Voucher\_[applicantname]," for example: "Voucher\_ABCCorp." Proposals should be submitted as a single PDF file, saved as "Voucher\_[applicantname]". Applications not submitted in this format will be returned.**

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 Voucher 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>
- 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>
- The Innovation Voucher application consists of an application form, a set of required attachments, and a certification form. To be considered for a voucher, 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 a voucher will be required to enter into a voucher agreement with the Commerce Corporation in order to receive the voucher. The Commerce Corporation may request additional information in the course of negotiating that agreement.
- The Commerce Corporation will begin reviewing and advancing applications upon receipt. Applications submitted will be reviewed on a rolling basis until Commerce Corporation has completed its consideration of the applications submitted.

# Innovation Voucher Application

## 1. Applicant Information

Business Name \_\_\_\_\_

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

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

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

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

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

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

Industry \_\_\_\_\_ NAICS Code # \_\_\_\_\_

Number of Employees\* in Rhode Island \_\_\_\_\_ Year Established \_\_\_\_\_

Is the applicant a subsidiary or affiliate of another company?  Yes  No

Name of parent or affiliate (if applicable) \_\_\_\_\_

Is the applicant a joint venture with another company?  Yes  No

Name of joint venture partner(s) (if applicable) \_\_\_\_\_

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

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

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

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

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

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

### **TYPE OF VOUCHER APPLICATION BEING SUBMITTED FOR:**

\_\_\_ Knowledge Provider

\_\_\_ Manufacturing

## 2. Voucher Information

Voucher Amount Requested (\$5,000 minimum, \$50,000 maximum) \_\_\_\_\_

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

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

Identify Primary Stage of the Innovation (select only one):

Ideation/Proof-of-Concept

Market/Profitability Assessment

Design/Prototyping

Other: \_\_\_\_\_

Validation/Testing

Expected Business Growth Outcome

Enhance Existing Product

Expand Sales Channel(s)

New Patents

Increased Productivity

License Technology

Other: \_\_\_\_\_

## 3. Knowledge Provider Information (complete this if you are seeking funds for an external partner to conduct the project)

Institution Name \_\_\_\_\_

Project Leader \_\_\_\_\_

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

School/Department (if applicable) \_\_\_\_\_

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

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

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

Administrative Official \_\_\_\_\_

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

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

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

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

4. Manufacturing Project Personnel (complete this if you are a manufacturer seeking funds for an internal R&D project)

Project Leader \_\_\_\_\_

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

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

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

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

Additional staff \_\_\_\_\_

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

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

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

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

5. 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"):

- **Applicant Profile.** A description of the industry and market areas of the applicant's business. Include any details on business and/or current employee(s) experience in development and commercialization of innovative products or processes.
- **Project Impact.** A description of how the project will enhance the innovation capacity of the applicant's business, and/or have a catalytic impact on the growth of the applicant's business.
- **Proposed Project.** A description of the proposed project, including innovative idea driving it, expertise sought to move innovation forward, the project's approach/methodology, and the deliverables expected.
- **Project Support.** A description of the in-kind resources and/or funds that will be dedicated to support the project.

- **Future Steps.** A description of the strategy for further developing the innovative product or process. Include any goals for commercialization.
- **Other Incentives.** A list of additional grants or incentives received from RI state government within the last 12 months.
- **Project Summary.** A 2-3 sentence summary of the project easily understood by a lay person for use in public documents.

## Attachment 2: Business Plan

Provide a two-page summary of the overall business plan, including:

- **Company information:** a short summary that covers when your business was formed, the names and roles of the founders, number of employees and business location.
- **Products and services:** the existing need or market challenge, the product or service you are developing to meet this need, how this product or service is superior to existing alternatives, market potential, distribution strategy and potential customers.
- **Financial information:** required follow-on financing and anticipated sources, how the funds will be used and plans for future investment (facilities, employees, etc.)

## Attachment 3: Qualifications of Knowledge Provider/Project Personnel

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

## Attachment 4: Knowledge Provider Letter of Support – (if applicable)

Include a signed letter from the knowledge provider institution demonstrating that the institution is capable and willing to provide the services that will be supported by the voucher sought. If the knowledge partner primarily engages in sponsored research (colleges, universities, etc.), the letter of support should be provided by the administrator responsible for sponsored projects.

## Attachment 5: 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. If none, list N/A.

## Attachment 6: Knowledge Provider Conflicts of Interest – (if applicable)

State whether the institution designated as the knowledge provider holds an interest in an applicant or the applicant's project either directly or through another entity or series of entities (interests in an applicant or an applicant's project by virtue solely of ownership in a publicly-traded corporation need not be identified). State whether any person employed by or affiliated with the knowledge provider is (1) employed by or affiliated with the applicant or (2) holds an interest in an applicant or the applicant's project either directly or through another entity or series of entities (interests in an applicant or an applicant's project by virtue solely of ownership in a publicly-traded corporation need not be identified). Describe the nature and extent of any such interest, employment relationships, or affiliations.

## Attachment 7: 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

Use the included template to provide a line item budget for the project. Space is provided for up to two team members, if you have additional team members please add additional lines to the budget template. *All project expenses are to be allocated to support work conducted by the Knowledge Provider. Program funds cannot support individual company expenses.*

## Budget Template

<b>Project Expense</b>	
Professional Personnel (Name) 1.	
Fringe	
Professional Personnel (Name) 1.	
Fringe	
Materials/Supplies 1. 2. 3.	
Equipment 1. 2. 3.	
Other 1. 2. 3.	
Indirect Costs (not to exceed 25%) – Only for applicants working with a Knowledge provider	
<b>Total Amount Requested</b>	
<b>Additional Funds from Other Sources that will support project (include in-kind)</b>	
<b>Total Other Amount</b>	



## 6. Applicant Certification

The undersigned is an authorized representative of the Applicant listed below with the authority to bind the company for the proposed Innovation Voucher 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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