

***Fayette-Washington Keystone Innovation Zones (FWKIZ) Grant
Application 2009***

Please complete all requested text on this application using a computer. Handwritten applications will not be accepted. Please do not submit a business plan in lieu of the requested items.

Applicant Information (complete the following blanks)

Company	
Contact Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Fax	
Email	
Incorporation Date	

Requested funding amount: (Insert dollar amount here, not to exceed \$10,000)

Introduction

A Keystone Innovation Zone (KIZ) is a designated zone that is established in communities that host institutions of higher education - colleges, universities, junior colleges and technical schools. These zones are designed to foster innovation and create entrepreneurial opportunities. They do this by gathering and aligning the combined resources of educational institutions, private businesses, business support organizations, commercial lending institutions, venture capital networks (including angel investors) and foundations

To support its general objectives, the FWKIZ is providing grant funding to support the creation and growth of companies that have the ability to create good jobs for student and people located in the Fayette-Washington Keystone Innovation Zone. To qualify for funding, applicants must document how the use of FWKIZ grant funding will establish or enhance the applicant's capability to commercialize new technology, increase their competitive viability in their

respective marketplaces and/ or create jobs within the Fayette-Washington Keystone Innovation Zone. Each applicant can request up to \$10,000 in grant funding.

Grant applications submitted after the bi-monthly application due date will be reviewed during the next bi-monthly grant review cycle. A grantee cannot receive more than \$10,000 in a calendar year. An applicant that does not receive a grant can reapply or an applicant that receives a grant below \$10,000 can reapply until he or she reaches the \$10,000 cap.

Evaluation Criteria: A FWKIZ Grant Review Committee will evaluate each application and determine the level of funding commitment that will be made to each applicant and the milestone requirements that must be met to receive all of part of the grant. The Committee will use a 100-point scale to evaluate applications (described on the application form). The Board of Directors will then approve final grant recommendations of the FWKIZ Grant Review Committee.

Detailed Technology Description

What is your technology? (What does your technology consist of and what does it do?)

(Insert your text here to replace this placeholder.)

What is its intended use? (Discuss what problems your technology solves.)

(Insert your text here to replace this placeholder.)

Do you have a functioning prototype?

(Insert your text here to replace this placeholder.)

Describe any ownership of intellectual property rights?

(Insert your text here to replace this placeholder.)

If the Technology that you are using is already in the Market place how will it help you increase jobs within the FWKIZ?

(Insert your text here to replace this placeholder.)

Market

What is the size of the anticipated market? (Discuss who your customer base consists of, the numbers of customers, and dollar amounts.)

(Insert your text here to replace this placeholder.)

Who are your competitors and what is your competitive advantage? (What alternatives exist to your product?)

(Insert your text here to replace this placeholder.)

Company

Provide a brief history of your product/company and results to date. (What is your company in business to do? Who are the principals? What milestones have you accomplished?)

(Insert your text here to replace this placeholder.)

Provide a timeline for bringing your product to its full market potential. (Insert your text here to replace this parenthetical comment.)

(Insert your text here to replace this placeholder.)

Funding Need

Describe what the funding will be used for. (Insert additional rows into the table as necessary. Provide any supporting information (e.g., vendor quotations) with your application.

Item Description	Total Cost

--	--

Describe how this funding will impact your business. (To what extent will you improve competitiveness, profitability, productivity, customer relations, technical performance, sales, cost-effectiveness, etc...? What if any deliverables will be produced?)

(Insert your text here to replace this placeholder.)

Describe your matching funds. (What are the sources and types of your matching funds?)

(Insert your text here to replace this placeholder.)

Economic Impact

Describe the number, type, and average salary of the jobs that will be created in the FWKIZ by your company in the next three years.

(Insert your text here to replace this placeholder.)

Signature of Official Authorized to Enter Into Contractual Agreements

Signature: _____

Print Name: _____

Title: _____

Date: _____

By signing this application, the applicant agrees to participate in the Fayette-Washington Keystone Innovation Zone Grant Program, agrees to remain located in the FWKIZ for a 3 year time period after receiving grant funds and agrees to all terms and conditions contained herein.

Submit a hardcopy of this application and all attachments to:

Joe Podolinski at Fay-Penn Economic Development Council, Two West Main Street, Suite 407, P.O. Box 2101 Uniontown, PA 15401. Call 724/437-7913 Fayette office; fax 724/228-6875; or e-mail joep@fay-penn.org . For more information about KIZ, please visit www.newpa.com