

# Small Business Innovation Retention Fund Grant Program

## APPLICATION

### BUSINESS INFORMATION

BUSINESS NAME

PHYSICAL ADDRESS

CITY  STATE  ZIP CODE  PARISH

MAILING ADDRESS

PHONE NUMBER  EXT

WEBSITE

BUSINESS CONTACT  EMAIL ADDRESS

CONTACT PHONE

NAICS CODE  FEDERAL TAX ID

IS THE COMPANY A CALENDAR YEAR END OR FISCAL YEAR END FILER FOR TAX PURPOSES?  CALENDAR  FISCAL

IF FISCAL YEAR END FILER, PLEASE STATE FISCAL YEAR END

NUMBER OF EMPLOYEES  IF APPROVED, NUMBER OF NEW JOBS CREATED AS A RESULT OF THE AWARD

# SBIR/STTR INFORMATION

BUSINESS DESCRIPTION

LIST ALL LOCATIONS

AWARD TYPE  SBIR  STTR

PHASE AWARDED  PHASE I  PHASE II

AWARD AMOUNT  DATE OF APPROVAL

AWARDING AGENCY/BRANCH

CONTRACT NO.  AWARD YEAR

AGENCY TRACKING NO.  SOLICITATION TOPIC CODE

CONTRACT START DAT  CONTRACT END DATE

AMOUNT DISBURSED TO DATE

LIST ALL SBIR/STTR AWARDS GRANTED TO THE COMPANY

PHASE	CONTRACT NO.	AGENCY	AMOUNT OF AWARD	AWARD YEAR

HAS THE COMPANY PARTICIPATED IN THE R&D TAX CREDIT PROGRAM?  YES  NO

IF YES, PLEASE COMPLETE THE FOLLOWING:

TAX YEAR	PHASE	CONTRACT NO.	AGENCY	AMOUNT OF AWARD CLAIMED	R&D TAX CREDITS ISSUED

## APPLICATION REQUIREMENTS

---

Indicate the Industry Sector(s) that best describe(s) your company.

- 3D Printing
- AR/VR
- CleanTech
- Cybersecurity
- Financial Services
- Machine Learning
- Advanced Energy
- Agriculture & AgTech
- Construction TechData Analytics
- Food & Beverage
- Life Science & Biotech
- Medical Device
- Transportation
- Advanced Manufacturing
- Education
- Healthcare IT/Services
- Logistics & Supply Chain
- Nanotechnology
- Other (please describe):

### PROJECT DESCRIPTION

Describe the technology you are developing. What is it? A product, application, vaccine, etc.

Why is this technology important? What problem are you solving?

List benefits to the company of receiving the award.

---

## APPLICATION CERTIFICATION

---

The undersigned authority hereby certifies: That I am \_\_\_\_\_ of  
TITLE

\_\_\_\_\_. That I have examined the information contained in this application and found the  
COMPANY  
information given to be true and correct to the best of my knowledge. That I have verified that the SBIR/STTR award meet the requirements  
of the Small Business Innovation Retention Fund Program.

I hereby certify that the Small Business Innovation Retention Fund Grant Program Application meets all of the requirements of  
**LAC 13:I.Chapter 49** and applicable regulations. I am aware that my submission of any false information or omission of any pertinent  
information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false  
public records (R.S. 14:133) and/or forfeiture of any grants approved under this program. I understand that application and  
information submitted with it shall not be returnable to the applicant.

Subscribed on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
COMPANY OFFICIAL SIGNATURE

\_\_\_\_\_  
PRINTED COMPANY OFFICIAL NAME

---

## CHECKLIST OF APPLICATION REQUIREMENTS BY APPLICATION TYPE

---

- Completed Small Business Innovation Retention Fund application.
- Relevant page(s) of the Federal Phase I Program Solicitation associated with this Retention Program Application, showing the solicitation topic description, closing date, and top reference number. **Submission of a link to the solicitation does not satisfy this requirement.**
- A copy of the Applicant's Phase I Proposal.
- One of the Following:

For a Stage 1 disbursement (the 50% increment), evidence that the Applicant has received an SBIR/STTR Phase I or II award. This evidence must include:

- A copy of the executed SBIR/STTR Phase I or II contract; **or**
- An Official Notification of Award from the Federal funding agency.

For a Stage 2 disbursement (the 50% increment), a Recipient must provide evidence that 50% the SBIR/STTR Phase I or II has been received.

Such evidence must include:

- A copy of the SBIR/STTR Phase I award or executed contract;
- Verification of SBIR/STTR payments were received.