

# Hawaii Manufacturing Assistance Program (MAP) Grant Application

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Administered By INNOVATE Hawaii / Hawaii Technology Development Corporation

## 1. Company Information

All items with \* are required.

**Company Name \***

**President/Authorized Official**

\*

Prefix

\*

First Name

\*

Last Name

**Title \***

**E-mail \***

**Business Phone \***

**Cell**

**Business Address \***

Street Address

Street Address Line 2

City

SAMPLE FOR REFERENCE ONLY

Zip Code

Designated Contact (if different from above)

First Name

Last Name

E-mail

HI House District

HI Senate District

Annual Revenue \*

# Full-Time Employees \*

# Part-Time/Seasonal Employees \*

# Out-of-State Employees \*

## 2. General Criteria

Federal Employer ID # \*

NAICS Code \*

[Lookup your NAICS code](#) (must be in a line of business defined as manufacturing having NAICS code beginning with 31, 32, or 33)

**When the listed NAICS code in a company's Dun & Bradstreet (D&B) profile does not match the NAICS code provided on your application, an inquiry is submitted to D&B to verify the manufacturing NAICS code and have it added to your company profile. This process validates the company as a manufacturer and eligible for the state funding.**

Do you have a D-U-N-S (Dun & Bradstreet) number?

Yes  No

Brief description of your company and product(s) \*

Is your company registered to do business in the State of Hawaii and current on all State tax liabilities? \*

Yes

No

All applicants must be registered to do business in Hawaii and be current in all Tax liabilities.

[Hawaii Compliance Express](#)

You are required to show compliance through: \*

- Certificate of Vendor Compliance from Hawaii Compliance Express

**Upload your company W-9 (pdf), letterhead (pdf), or blank invoice (pdf) showing the following: imprinted company name, remittance address and Federal Employer ID # (FEIN). The information on this document will be used to create or validate your State vendor number. The information must match exactly what is shown in the Company Information section of this MAP Grant application. \***

No file chosen

### 3. Grant Information and Justification

**Describe what the grant will be used for, why it is needed, and how the grant will benefit company \***

### Forecast company growth and other economic impact numbers for 3 years

**New Full-Time Employees \***

ex:5

**New Jobs >\$80K salary \***

ex:2

**New Part-Time / Seasonal Employees \***

ex:5

**Jobs Saved \***

ex:10

**Increased Annual Sales \***

ex:\$200,000

**Cost Savings \***

ex:\$150,000

(Example: Labor, materials, energy, overhead, etc.)

**New Investments \***

ex:\$500,000

(Example: Products, processes, equipment, employee skills, etc.)

### 4. Project Expenses and Proof of Payment

Click [here](#) to download MAP Expense List template

Fill in the MAP Expense List template provided above with budget and details for all possible funding areas (Equipment, Training, Energy Efficiency, Feasibility Study). For Equipment, if applicable, please include the Make and Model number, along with a brief description of what the equipment does in the Item Description Column. Under Justification, please provide the reason you chose the equipment over other models/brands and explain how equipment is integral to your manufacturing process. Expenses without justification have been denied in the past. SUPPLIES and MATERIALS used in your product (such as boxes, labels, bottles, etc.) are NOT ALLOWABLE expenses.

Upload MAP Expense List (excel file, xls, xlsx) \*

Choose File No file chosen

file must be less than 25Mb

All supporting documents, proof of payment/receipts must be labeled and/or numbered to correspond with the item on the MAP Expense List and include: Vendor Name, Equipment Purchased, Date of Purchase, and Matching \$ Amount.

For training expenses, upload course information/agenda provided by equipment vendor, and if using a third-party for training, qualifications of the trainer.

For energy efficiency and feasibility studies, upload vendor qualifications and results/conclusions of the study.

Documentation not meeting these criteria will not be accepted and could result in denied expenses. Please refer to [FAQ](#) page for more information.

Upload valid proof of payment (pdf), and supporting documents (pdf) for all items on your MAP Expense List. Acceptable forms of proof of payment include copies of receipts or statements from the vendor showing zero balance due, cleared checks from your bank, or bank/credit card statements. \*

Choose File No file chosen

file must be less than 25Mb

[Additional Attachments](#)

5. Company Financial Information

Year Incorporated \*

ex:2010

Please upload Profit & Loss (P&L) and Balance Sheets for the previous year, current year, and projected statements for the next year. Mark all documents CONFIDENTIAL.

P&L and Balance Sheet for 2018 (pdf) \*

Choose File No file chosen

file must be less than 25Mb

[Additional Attachments](#)

**P&L and Balance Sheet for 2019 (pdf) \***

No file chosen

file must be less than 25Mb

[Additional Attachments](#)

**Projected P&L and Balance Sheet for 2020 (pdf) \***

No file chosen

file must be less than 25Mb

[Additional Attachments](#)

**6. Additional Information**

INNOVATE Hawaii provides training and manufacturing assistance. Please indicate what type of services would be helpful for your company.

- \*Add email to general mailing list\*
- Automation / Robotics
- Distribution / Supply Chain
- Export
- Food Safety
- Licensing
- Mechanical Design
- Packaging / Processing Equipment
- Process Optimization / Facility Design
- Prototyping Assistance
- R&D / Engineering
- Workforce
- 3D printing
- Cybersecurity
- Electrical Design
- Feasibility Study
- IP Protection
- Market Research
- Other
- Pre-production Manufacturing (low volume)
- Production Manufacturing (high volume)
- Quality Management Systems
- Software / Firmware Design

If other, enter description here

**7. Signature and Date**

INNOVATE Hawaii and the Hawaii Technology Development Corporation administer the Hawaii Manufacturing Assistance Program. We look forward to awarding your application to help you move forward in expanding your manufacturing operation.

By submitting this application, you agree that all information provided is accurate and that you will be subject to all of the eligibility requirements of the grant. You also agree to participate in the HTDC Annual Economic Impact and the INNOVATE Hawaii NIST/MEP survey for a period of 5 years.

<b>Authorized Official</b>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Prefix	First Name	Last Name
	*	*	*

**Title**

0

**Important**

The Authorized Official listed above must complete an electronic signature form before we will review the application. Once you hit the submit button, you will be directed to the form.

**Sign your application:**

A new screen will appear, in yellow 'click here to sign' box to sign and type in email address, then blue button 'click to sign'.

**Confirming your signature:**

Look in your email inbox (or spam folder) for email from Adobe Sign, subject heading "Please confirm your signature on MAP Signature Block", follow instructions, then click on link to "Confirm my email address".



Submit

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[Contact Information](#)

SAMPLE FOR REFERENCE ONLY