

Hawaii SBIR & STTR Matching Grant Program Application

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Hawaii Small Business Innovation Research (HSBIR) Grant Program Phase I Application

Administered by INNOVATE Hawaii / Hawaii Technology Development Corporation

Company Information

All items with * are required.

Company Name *

President/Authorized
Official

Prefix
*

First Name
*

Last Name
*

Title *

Email *

Email

Business Phone *

Cell

Business Address *

Street Address

Street Address Line 2

City

Postal/Zip Code

Designated Contact (If different from above)

Prefix

First Name

Last Name

Email

HI House District

HI Senate District

of Hawaii Employees *

Non-Hawaii Employees *

Annual Revenue *

Fed ID # *

D-U-N-S#

NAICS Code *

D-U-N-S (Dun & Bradstreet) number will be required before grant awarded. If you do not have a D-U-N-S number we will contact you to assist in getting a number at no cost.

Provide a brief description of your company and product(s) *

Upload Executive Summary

 No file chosen

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2a. SBIR/STTR Grant information

Project Title *

Federal Agency *

In lay terms describe the technology you are developing. What is it? A product, application, vaccine etc. 100 words max *

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

2b. SBIR/STTR Grant Justification

List economic benefits to the company including new markets, new products etc.

Forecast company growth and economic impact for 5 years

New Employees

New Jobs > \$80k salary

Jobs Saved

Increased Sales

Cost savings

Other Investment

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Page 3 – Phase I

3a. Phase I Information This section must be completed for Phase I, Phase II AND Phase III applications.

Phase I Fed. Grant or Award # *

Phase I Award Amount *

ex:150,000

Phase I Match Request *

ex:75,000

Phase I Award Start Date *

Phase I Award End Date *

Upload Federal Phase I award letter

No file chosen

Current stage of technology

Please select...

Provide Phase I Project Plan & Milestones with dates

Describe your plans to bring this technology to market. How are you going to make this product? In-house, Contract Manufacturing, Partnering, Licensing, Other?

List intellectual property (patents, title, dates filed/awarded)

Provide regulatory approval timeline (if applicable)

Use of Hawaii SBIR/STTR Phase I Funds

TOTAL EXPENSE USING Hawaii SBIR/STTR FUNDS

Equipment

ex:25,000

Travel

ex:5,000

Personnel

ex:20,000

Other

ex:20,000

Phase I line item budget: provide details of equipment planned to purchase, travel plans, personnel salary/hours and other expenses.

Type

Please select... ▼

Cost

Item Desc.

brief description

Justification

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Page 4 – Phase II and III ([Click Next](#))

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List any previous SBIR/STTR and Hawaii SBIR awards in chart below.

	Year	Phase	Amount	Agency	HSBIR Amount	Current Commercialization Stage Status
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Information/Certification

Is your company registered with Hawaii Compliance Express and do you have a current Certificate of Vendor Compliance? *

Yes

Your company must be registered with Hawaii Compliance Express and supply a current Certificate of Vendor Compliance in order to submit your application. Visit the [Hawaii Compliance Express](#) for information and to apply.

Upload your current Certificate of Vendor Compliance *

No file chosen

Upload your company letterhead or blank invoice showing the following: imprinted company name, remittance address and Federal ID #. The information on this document will be used to create or validate your State vendor code. The information must match exactly what is shown on this SBIR/STTR Grant application. *

No file chosen

INNOVATE Hawaii provides manufacturing assistance. Please indicate what type of services you need to achieve project prototype:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Exporting | <input type="checkbox"/> R&D/Engineering | <input type="checkbox"/> Mechanical Design | <input type="checkbox"/> Electrical Design |
| <input type="checkbox"/> Software/Firmware Design | <input type="checkbox"/> Feasibility Study | <input type="checkbox"/> Market research | <input type="checkbox"/> Prototyping assistance |
| <input type="checkbox"/> 3D printing | <input type="checkbox"/> Pre-production Manufacturing (low volume) | <input type="checkbox"/> Production Manufacturing (high volume) | <input type="checkbox"/> Packaging |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> IP Protection | <input type="checkbox"/> Licensing | <input type="checkbox"/> Other |

If "Other" enter description:

What other resources are needed for your technology's development?

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INNOVATE Hawaii and the Hawaii Technology Development Corporation administer the Hawaii SBIR/STTR Matching Grant Program. We look forward to awarding your application to help you move forward with your technology.

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

Authorized Rep

0

Prefix

0

First Name

0

Last Name

Title

0

Company

0

Important

The Authorized Representative 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.

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Submit

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