

Networks Northwest Defense Industry Growth Program

Application for Financial Assistance

All fields must be completed.

Business Name _____

Contact Name _____

Contact Phone Number _____

Contact Email _____

Business Physical Address _____

Business Mailing Address _____

Industry Category (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Advanced Manufacturing | <input type="checkbox"/> Cybersecurity |
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Robotics |
| <input type="checkbox"/> Autonomous Ground Systems | <input type="checkbox"/> 3D Printing |
| <input type="checkbox"/> Autonomous Aerial Systems | |

Is your business considered a small business, as defined by the US SBA size standards?

- ☐ Yes
- ☐ No

Please identify which county your business is headquartered in:

- | | |
|--------------------------------------|---------------------------------|
| <input type="radio"/> Emmet | <input type="radio"/> Kalkaska |
| <input type="radio"/> Charlevoix | <input type="radio"/> Benzie |
| <input type="radio"/> Antrim | <input type="radio"/> Manistee |
| <input type="radio"/> Grand Traverse | <input type="radio"/> Wexford |
| <input type="radio"/> Leelanau | <input type="radio"/> Missaukee |

Are you willing to submit copies of receipts from actual expenses for reimbursement and to report on any contract awarded from the DoD as a result of the efforts supported by this grant? (This is a requirement for funding.)

Yes No

Please use the space below to detail: 1) What expenses you plan to use funding for. 2) The anticipated dollar amount to be spent and reimbursed for each expense. 3) The anticipated completion date for each expense. (You may attach additional pages, if necessary.)

Note: Reimbursement amounts may not exceed 50% of the total for each expense, total reimbursement may not exceed \$5,000, and all expenses must be completed prior to December 13, 2019.

Submission of this application does not constitute a guarantee of funding. All applications are subject to the availability of funding and a determination that expenses are acceptable under this program. The acceptability of expenses will be determined by Networks Northwest, in compliance with MEDC rules and regulations.

By signing this document, you certify that all of the information included is true and accurate, to the best of your knowledge, and that you have read and understand the statements above.

Signature _____

Printed Name _____

Date _____

Please submit your completed application to: elsa.finch@networksnorthwest.org.
Questions? Contact Elsa Finch at elsa.finch@networksnorthwest.org or call 231.929.5060.