

INNOVATE ND PROGRAM GRANT APPLICATION

NORTH DAKOTA DEPARTMENT OF COMMERCE

SFN 60885 (7-15)

A. Requesting Entrepreneurial Center

Name of Requesting Entrepreneurial Center		
Estimated Date of Completion	Amount of Request	Amount of Leverage Funds

B. Applicant

Organization Name of Applicant			
Contact Name of Applicant		Title or Position	
Address		City	State ZIP Code
Telephone Number	Fax Number	Email Address	

Essential Qualifying Factors

1. The applicant must be certified as an entrepreneurial center or working with a certified entrepreneurial center.
2. The applicant's program must help multiple entrepreneurs and/or impact the entrepreneurial ecosystem. The entrepreneurs benefiting from this program must be innovate and scalable.
3. Although a specific match is not required, leveraged funds are desirable and will be taken into consideration in determining which applications are approved.

C. Proposal Submission

Please submit proposals electronically to Jared Stober (jstober@nd.gov) at the North Dakota Department of Commerce.

D. Grant Agreements

Any successful proposals will be required to enter into a grant agreement prior to receiving any funds. This grant agreement will include a statement of the recipient's responsibilities and actions the Department of Commerce may take if the recipient does not comply with state law or their responsibilities outlined in the agreement.

E. Signature of Applicant

Please sign below to indicate your approval.

Authorized Signature	Date
----------------------	------

F. Signature of Entrepreneurial Center

Please sign below to indicate your approval.

Authorized Signature	Date
----------------------	------

G. Proposal Description

1. General description of the project and how grant funds will be used.

1. **Continued.** General description of the project and how grant funds will be used.

2. How does this proposal help multiple entrepreneurs and/or impact the entrepreneurial ecosystem?

3. Describe the desired results of the project including both the short and long term (beyond two years) results.

a) Short-term Results

b) Long-term Results

4. Describe the method and metrics that will be used to measure the results of the program.

H. Funding Request – Required Information

1. Amount of funding being requested.
2. Amount of leverage funds by source.
3. Please attach a one-page budget, and a budget narrative, detailing how the funds would be expended and a tentative timeline for the expenditures.