



Greater Susquehanna KIZ Micro Startup Grant Application

Please provide as much information as you feel necessary to enhance your written application. Include any supporting documentation when submitting your application.

Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Fax	
Email	
Company	
EIN (if applicable)	
Incorporation Date	
Grant Requested – Circle one	IP R&D Micro
Amount Requested	
Ownership/Titles	

1. Provide us with an overview of your idea: Product/service description, intended use, current status development.

2. Tell us what you know about the anticipated market for your new product/service. Can you identify your customers?

3. What is the intended use of the grant monies? (i.e. business plan development, patent application, market research, marketing, etc.) Please include copies of any quotes or proposals you have received from your selected service provider.
4. Tell us how will this funding help your project and/or business create more jobs?
5. What do you anticipate your economic impact to be on the local community? (i.e. number of jobs created, number of jobs retained, location of business in the GSKIZ, your capital investment to date.)
6. What have you invested to date? (i.e. time, money, space, equipment, etc.)
7. Please provide us with any additional information that you feel will enhance your application.
8. Have you ever received a KIZ grant before? If so, when? What type of grant?
9. Please attach your resume.

Signature

Title

Printed Name

Date

In signing this application, the applicant agrees to participate in the Greater Susquehanna Keystone Innovation Zone Grant Program and agrees to all terms and conditions with the GSKIZ eligibility requirements.

Contact:

Kelly O'Brien Gavin, GSKIZ Director

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