

Agricultural Products Utilization Commission Prototype /Technology Application Form

The mission of the Agricultural Products Utilization Commission is:

To create new wealth and jobs through the development of new and expanded

Uses of North Dakota agricultural products

By accepting a grant from APUC, you are agreeing to serve as a contact for individuals interested in pursuing a similar project.

A. APPLICANT INFORMATION

	Applicant Advisor
Name _____	Name _____
Address _____	Address _____
City _____	City _____
State, Zip _____	State, Zip _____
Telephone _____	Telephone _____
E-mail _____	E-Mail _____

Fiscal Agent (required)

Name _____
Address _____
City _____
State, Zip _____
Phone _____
E-mail _____

Fiscal Agent may charge up to 5%, not to exceed \$1,000 for their services, paid for by APUC.

B. GENERAL DESCRIPTION OF THE PROJECT

1) Grant Application Amount: \$ _____

Estimated Total Cost of Project: \$ _____

Estimated Time of Completion of this Project: _____

Date of Final Report _____

(Generally grants are for a 1 year period, if you need a longer period of time please specify)

2) Description of the product(s) or technology(ies) which will result from the research;

3) How will the grant funds be used: _____

4) Address of where the prototype/technology will be made:

City

State

C. Financial Information

1. Applicants' match (personal/company's dollar investment): \$ _____

2. Other matching funds

Person/Business	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

3) Total amount of matching funds: \$ _____
(Applicants' match and other matching funds should equal total amount of matching funds)

a. Have all your matching funds been secured?

____ Yes ____ No

If no, when will funds be available? _____

b. Has this project received any public/private funding previous to this proposal?

____ Yes ____ No If yes, list the source and amount:

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

c. Have you received previous funding from APUC?

____ Yes ____ No If yes list the project and amount:

Project	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

D. Business Information:

1. Primary Financial Institute: _____

2. Summary of prior research done by the applicant or others and the development of the product or technology to date:

3. Explanation of why this particular project is needed and the benefit to the agricultural sector of North Dakota's economy: _____

4. Description of the planned commercialization efforts, including the market research to date:

5. A schedule of planned activities and time frame for completion: _____

6. Explanation of patents or regulatory approval granted or expected to be granted as a result of successful outcome of research: _____

9) Attach a list of project co-sponsors (including name of organization, address, telephone number, key contact, and nature of participation, and attach letters of intent to participate).

By affixing a signature to this application, the applicant(s) certifies that he/she has read and understands the guidelines governing funds and agrees to all conditions set forth therein; and that all information contained in this application package is true to the best of the applicant's knowledge, information, and belief. The

commission reserves the right to modify or terminate any subsequent agreements with applicant if, at a future date, it becomes aware of material misrepresentation(s) contained in this application.

Name: _____ Applicant

Title: _____

Signature: _____

Date of Application: _____

Name: _____ Applicant Advisor

Title: _____

Signature: _____

Date of Application: _____

Name: _____ Fiscal Agent

Title: _____

Signature: _____

Date of Application: _____

SUPPLEMENT A

Expenditure	APUC Request	Internal ***	State Fund ***	Federal Funds ***	Other	Total
Salaries/Fringe Benefits (Name Recipients & anticipated amount for each)						
*Equipment (Specify)						
Supplies (Specify)						
Travel (Specify)						
Marketing Costs (Specify)						
**** Advertising Costs (Specify)						

Computer Lease or Rental Costs						
Consultant Fees <i>Attach copy of RFP's</i> Business Plan Feasibility Study Accountant Legal Business Manager						
5% Administrative Fee ** Other Direct Costs (Specify)						
Indirect Costs (Specify APUC does not fund indirect Costs:						
Total						

* The Commission does not typically salaries, advertising, computer costs.

** Application Advisor/ Fiscal Agent

*** List matching cost that are directly related to this phase of the project

**** Advertising costs are TV, Radio, Newspaper, Magazines ads

Shaded areas are not generally funded by APUC

Press Release Information Sheet

Supplement B

The information on this sheet may be used for public releases in announcements, press releases and other public information.

Applicant: _____

Contact Person: _____

Address: _____

Telephone: _____

Project Co-Sponsor(s): _____

Title of Project: _____

Project Start-Up Date: _____

Project Completion Date: _____

Brief summary of the project, product or process and proposed commercialization efforts:

Total funds requested from APUC: _____

Total project budget: _____

How will the grant funds be used for?

Name and Title (type or print): _____

Signature: _____

Date: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government in order to monitor compliance with applicable Federal Civil Rights laws. You are not required to furnish this information, but are encouraged to do so. The law states that a provider of services may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the provider of services is required to note race, ethnicity, and sex on the basis of visual observation or surname.

Ethnicity (mark one)	Race (mark one or more)
<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	

Do not count this page as one of the 10 application pages, but it must be filled out.