

# STATE OF DELAWARE FEDERAL RESEARCH AND DEVELOPMENT GRANT PROGRAM

## Application

### Instructions:

- Submit the completed, signed and notarized application as a single pdf file, including exhibits to the institutional representative for your institution:  
[Institutions' reps names & emails]
- This application is not a commitment for funds, nor does it obligate the State of Delaware or any State agency to lend any form of financial assistance.
- The filing of a Federal Research and Development Grant Application, attached documents, and the application is public information subject to the Delaware Freedom of Information Act, 29 *Del. C.* Ch. 100 (FOIA). An Applicant may request that certain documents or portions of documents submitted to the Federal Research and Development Grant Program be held confidential. The Applicant must state the basis for confidentiality.
- The application will be evaluated according to Program Guidelines which are available at [<http://dedo.delaware.gov>]

## General Information

### Applicant

First Name (Legal)	Middle Initial	Last Name

Street Address	City	State	Zip

Email
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### Institution

Name of Institution		
Phone	Fax	Email

### Primary Project Contact

Name	Title
Phone	Email

### Financing

Total budget request	
Amount of additional or "match" financing that will support the project	
TOTAL PROJECT COST	

## Project Information

Please provide a brief overview of the Proposed Research Project including current condition, need, or problem that this Project will address:

Please attach an explanation of no more than two (2) pages stating how the proposed project satisfies the criteria listed in Section 7.3.3.1 of the Guidelines Governing the Administration of the Federal Research and Development Matching Grant Program:

Describe the proposed solution that will provide remedy to the above-stated condition, need or problem, including how the Project will benefit the community in which it is located (250 words):

What is the Project timeframe?

Anticipated Start Date:

Targeted Completion Date:

Provide a brief description of the facilities and resources that will support the Project (500 words):



**Itemized Source and Use of Funds for Proposed Project**

**Requested Project Funding**

Description of Item/Service	Funds Requested
<b>TOTAL FUNDS REQUESTED</b>	

**Additional Support for Project**

Description of Item/Service	Funding Source	Amount
<b>TOTAL ADDITIONAL FUNDING</b>		

## Certifications and Notarization to Applicants

**CERTIFICATION** -- Eligibility for Grant funding is determined by the information presented in this application and in any exhibits or attachments. Any change in the status of the proposed Project from the facts presented herein could disqualify the Project.

The filing of a Grant Application, attached documents, and the application are public information subject to the Delaware Freedom of Information Act, 29 Del. C. Ch. 100 (FOIA). An Applicant may request that certain documents or portions of documents submitted to the Agency be held confidential. The Applicant must state the basis for confidentiality.

*I, the undersigned, being duly sworn upon my oath say:*

1. The Applicant as noted below is the recipient of the funds. The undersigned is authorized to bind the Applicant and any other recipient of Grant funds pursuant to this application.
2. The Applicant hereby agrees, if this application is approved, to comply with all federal, state, and local laws affecting the Grant to be issued and the operation of the proposed project.
3. The Applicant hereby acknowledges and agrees that the DEDO reserves the right to and may disclose any information contained in this application and its supporting documents to the staff, any public hearing held on this application, in any published notice of such hearing as required by law.
4. I have carefully read this application, including all attachments and exhibits, and certify that the information contained in this application, including all attachments and exhibits, are true, accurate and complete to the best of my information and belief. These representations are made in support of a request for government funds.
5. I understand that if I have intentionally made a false statement in this application to fraudulently obtain public funds I am subject to criminal prosecution.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of the Representative of the Applicant

\_\_\_\_\_  
Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signed

### Notary Information

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on: \_\_\_\_/\_\_\_\_/20\_\_\_\_ by \_\_\_\_\_  
**(Representative of Applicant, not Notary)**

[SEAL]

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_