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| Project Title |  |
| Company/Organization Name |  |
| Primary Contact Full Name |  |
| Primary Contact Email Address |  |
| Spokane County Business Address |  |
| Primary Contact Phone Number |  |
| Business License Number |  |
| Description of Company (200 word limit) |  |
| I certify that my company is headquartered in Spokane County | * Yes
* No
 |
| I certify that I am seeking a federal grant to support the work described in this application | * Yes
* No
 |
| I certify that I have read the terms of this award at hssaspokane.org and agree to comply with them. | * Yes
* No
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| Description of Proof of Concept or Translative Research (600 word limit) |  |