

**Bioscience Business Job Creation, Innovative Health Care & Translational Research, & Human Capital & Infrastructure Matching Grant Application**

**Section 1: Application Information**

1. Which HSSA Matching Grant are you applying for?
	* Bioscience Business Job Creation
	* Innovative Health Care & Translational Research
	* Human Capital & Infrastructure

1. Matching Amount Requested:

**Section 2: General Applicant Information**

1. Project Title:
2. Name of Applicant Entity:
3. Is the applying entity a bioscience entity? Please describe. (Examples include but are not limited to the following: Drug discovery, drug manufacturing, medical device research & development, manufacture or production of products or devices that prevent disease, injury or illness, equipment or devices that improve food security or safety, and animal health and safety.)
4. Primary Contact/Project Lead Name:
5. Primary Contact/Project Lead Email Address:
6. Primary Contact/Project Lead Mailing Address:
7. Primary Contact/Project Lead Phone Number:
8. Contract Signer Name, Email Address and Mailing Address (if different from primary contact):
9. Business License Number:
10. Do you certify that your B&O taxes are up to date?

**Section 3: Spokane County Well-Paying Job Creation Information**

1. Is this entity located in Spokane County? If so, please share the physical address of your entity in Spokane County: this could include an office (including home office), warehouse, or other facility where business is conducted.
2. A significant percentage of staff must have a primary residence in Spokane County. What percentage of your current staff reside in and work in Spokane County?
3. If awarded, how many staff people will you add that reside in and work in Spokane County?
4. Please illustrate how this project will create well-paying jobs in Spokane County utilizing the Staffing Chart below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Position Title** | **Number of Staff** | **Salary Range** | **Benefits** | **Level of Education, Certification or Training Required** | **FTE** | **Currently Funded Position** | **Proposed HSSA Funded Position**  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Staff Residing or Working Outside of Spokane County:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Position Title** | **Number of Staff** | **Salary Range** | **Benefits** | **Level of Education, Certification or Training Required** | **FTE** | **Currently Funded Position** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. All funds provided by HSSA must be spent in Spokane County except for instances related to testing or procurement where services or goods are not available within Spokane County. Equipment and supplies purchased from sources outside of Spokane County must be located and used in Spokane County. Please share any pertinent information here. (200 word limit)

**Section 4: Project Eligibility Information**

1. Please provide a full description of the project and its potential to improve health care outcomes in Spokane County, substitute for a more costly diagnostic or treatment modality, or offer breakthrough treatment for a particular disease or condition. Also included are improvements in agriculture, including plant and animal, as well as other technologies that may improve health and well-being will be considered. (600 Word Limit)

**Section 5: Economic Development and Financial Sustainability Information**

1. Please describe how the project will contribute to local/regional economic development. For example: use of Spokane County vendors, contractors, space purchased or leased in Spokane County, etc. (200 word limit) Please attach any letters of support from these entities to your application.
2. Please provide a description of the entity’s plan to increase its presence and employees in Spokane County over the next five years. (200 word limit)
3. Please provide evidence of extramural funding/match by submitting one of the following:
	* Attach Award Letter and the Proposal submitted to the original grant funder.
	* Accredited Investor Certification Form(s) (Attachment B).
4. Please include a line-Item budget for the currently funded project, and a budget that describes how the HSSA matching funds will be spent if awarded.

|  |
| --- |
| **BUDGET SUMMARY** |
| Expense Category | Project as Currently Funded | HSSA Matching Grant Request |
| Personnel |  |  |
| Fringe Benefits |  |  |
| Special Purpose Equipment |  |  |
| Supplies |  |  |
| Contractual |  |  |
| Other |  |  |
|  |  |  |
| **Total** | $ | $ |

**Budget Details If Applicable:**

Equipment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Item Description** | **Rental or Purchase** | **Acquire When?** | **Funds Requested** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| Equipment Subtotal | $ |

Supplies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item Description | Per-Unit Cost | # of Units/Pieces Purchased | Acquire When? | Funds Requested |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Supplies Subtotal | $ |

Contractors and Consultants

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Organization** | **Hourly Rate/Flat Rate** | **Funds Requested** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |

1. Please provide a budget narrative describing how HSSA funds will be used to expand upon, accelerate, catalyze or boost the matching funds. (200 word limit)
2. Please provide a description of the entity’s plan for financial sustainability over the next five years. (200 word limit)
3. If not included in your original matching proposal, please outline the entity’s plans to commercialize the product (Attachment D).

1. Please provide a pitch deck that includes milestones and all deliverables. (Mandatory for investor match grant applicants, optional for other applicants.)

**Please email your completed application and attachments to** **info@hssaspokane.org****.**