



# 2016 INL TECH BASED ECONOMIC DEVELOPMENT DONATION REQUEST FORM

**Regional Economic Development, Entrepreneurship, Technology-Based Economic Development & Innovation**

Return form to **Stephanie Cook**, (208) 526-1644, Fax (208) 526-0876 or [stephanie.cook@inl.gov](mailto:stephanie.cook@inl.gov) by **September 15, 2015**.

Organization \_\_\_\_\_

Project Description, Goals, Activities and Timeline:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Impact, Metrics to be Measured, and Benefit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Participants, Who will benefit from project? Count of participants benefiting from project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Category of Application (check all that apply):

Regional Economic Development \_\_\_\_\_ Entrepreneurship \_\_\_\_\_

Technology-Based Economic Development \_\_\_\_\_ Innovation \_\_\_\_\_

Amount Requested from INL \$\* \_\_\_\_\_ Total Project Cost \$\*\* \_\_\_\_\_ Matching Funds Identified \$ \_\_\_\_\_

\*Is this request for all or part of the project? All or Part (circle one)

*\*\*If the total project cost is greater than the amount requested, submit budget and documentation showing how you plan to accomplish the event or project. Include amount and source of pledges received to date for the project/program for which you are requesting funding, and/or other sources to which you have applied, together with amounts that have been requested from each.*

How will the money be used? \_\_\_\_\_

Name & count of other sponsoring or contributing organizations for the project \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has this effort been funded by an INL contractor in the past? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_ How much? \_\_\_\_\_

Is this an annual project? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Event (if applicable) \_\_\_\_\_

How will this project be funded in the future? \_\_\_\_\_

\_\_\_\_\_

Will increased income or savings result? If yes, describe \_\_\_\_\_

\_\_\_\_\_

Is this a local, regional, statewide, or nationwide drive?

\_\_\_\_\_

Does the organization attempt to influence legislation? Explain \_\_\_\_\_

Does the organization receive funding from any federal, state or local government sources, or is it affiliated with any institution that does? If so, list amounts received during the past year, identify source, and indicate percentage of total budget such funding represents. \_\_\_\_\_

Is the organization a member of or does it derive funds from any United Way, independent college fund, allied arts council, or similar organization? If so, state name of organization, total amount of funding received during the past year, and percentage of total budget of such funding represents. \_\_\_\_\_

\_\_\_\_\_

Annual budget \$ \_\_\_\_\_ % from private donations \_\_\_\_\_ % from government grants \_\_\_\_\_

**Applicants receiving a contribution agree to submit a final summary report with photos.**

**Donations are ONLY provided to 501(c)(3) nonprofit organizations. YOU MUST PROVIDE A COPY OF YOUR TAX EXEMPT LETTER WITH THIS FORM. Requests that do not include a copy of this letter will be excluded from review.**