



# Division of Science, Technology & Innovation

**A Division of Empire State Development**

**Andrew Cuomo**  
*Governor*

**Howard Zemsky**  
*ESD CEO*

**Matt Watson**  
*Director of Division of Science, Technology & Innovation*

# Matching Grants Leverage Program Application

Revised 11/16

**Empire State Development Division of Science, Technology & Innovation**

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Albany, New York 12245

Phone (518) 292-5700 Fax (518) 292-5794  
[www.esd.ny.gov/NYSTAR](http://www.esd.ny.gov/NYSTAR)

## Required Forms

### A. Application Form

Institution Name:  
Center Name (if different):  
Address:  
Website:  
Principal Investigator:  
Phone:  
E-mail Address:

### Application Contact

Contact First Name:  
Contact Last Name:  
Contact Title:  
Contact Number:  
Contact E-mail:

### Project Lead Contact

Contact First Name:  
Contact Last Name:  
Contact Title:  
Contact Number:  
Contact E-mail:

List Key staff in the program (name, title, phone, email), attach additional pages as needed :

Are Matching Funds requested?  Yes  No  
Is the project security related?  Yes  No

Granting Entity/Funding Source:  
Funding Program:  
Grant Title:  
Funding Opportunity Number:  
Technology Focus:  
Website link for solicitation

Date application is due:  
Total amount of external funds requested:  
Total amount of NYS Matching funds requested:  
Earliest date State Matching funds needed:  
Duration of State Award:  
Duration of External Award:

**\*\*Please attach additional pages as needed when completing the following 7 items.\*\***

Provide a summary of the purpose of the grant institution is applying for:

Provide a summary of the proposal (include purpose and benefit to New York State):

*If the Principal of your organization changes at any time, please contact our office as soon as possible with the updated name and contact information. Failure to do so may result in ineligibility of future support.*

List all Research, Government and Non-Profit Partners (include any funding to be provided by partners):

List all Industry Partners (include any funding to be provided by partners):

Describe any potential economic impacts or opportunities this project may lead to (for example: anticipated jobs created/retained; sales increased/retained; angel/venture/other funding; additional research funding; etc.):

List previous or current grants received from New York State and the agency/division in support of this request:

List previous or current grants received from other sources in support of this request:

*If the Principal of your organization changes at any time, please contact our office as soon as possible with the updated name and contact information. Failure to do so may result in ineligibility of future support.*

**B. Budget Forms**

**Budget Form 1**  
**Source of Funds for Entire Funding Timeframe**

<b>Source of Funds</b>	<b>Total Funding</b>
Federal/Foundation	\$
Industry	
University	
Not-For-Profit Research Institution	
NYSTAR	
<b>Total</b>	\$

**Budget Form 2**  
**Destination of Funds During the Entire Funding Timeframe**

<b>Name of Institution</b>	<b>Total Funding</b>
	\$
<b>Total</b>	\$