## 2. Required Forms

### A. Application Form

Institution Name: _____
Contact Name: _____
Contact Number: _____
Contact E-mail: _____
Principal Investigator: _____

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

Funding Source: _____
Funding Program: _____
Grant Title: _____
Technology Focus: _____

Date application is due: _____
Amount of external funds requested: $_____
Amount of State funds requested: _$_____
Date State funds would be needed: _____
Duration of State Award: _____
Duration of External Award: _____

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

List any other known applicants for this program:

Describe any potential economic impacts or opportunities this project may lead to:

Grant solicitation reference number and Web site link:

Identify previous or current grants received from New York State in support of this request:

## B. Budget Forms

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

| Source of Funds | Total Funding |
|---|---|
| Federal/Foundation | $ |
| Industry | $ |
| University | $ |
| Not-For-Profit Research Institution | $ |
| NYSTAR | $ |
| **Total** | $ |

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

| Name of Institution | Total Funding |
|---|---|
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| **Total** | $ |

Submit

Print Form