



BIOSCIENCE INNOVATION GRANT PROGRAM APPLICATION

NORTH DAKOTA DEPARTMENT OF AGRICULTURE

SFN 62241 (10-2022)

Grants may be issued to foster the growth of the bioscience industry in the state. Applicants should focus on one or more of the following areas:

- Supporting biotechnology innovation and commercialization;
- Promoting the creation of bioscience jobs in the state to be filled by graduates from institutions under the control of the state board of higher education;
- Encouraging the development of new bioscience technologies and bioscience startup companies in the state;
- Leveraging the agriculture industry in the state to support the development of bioscience technologies impacting livestock operations and crop production;
- Promoting bioscience research and development at institutions under the control of the state board of higher education;
- Encouraging coordination and collaboration among other entities and programs in the state to promote bioscience innovation goals.

A. APPLICANT INFORMATION (please print or type)

Applicant Company			Telephone Number	
Applicant Name		Title		
Mailing Address		City	State	ZIP Code
Physical Address Address		City	State	ZIP Code
County	Email Address			

B. GENERAL DESCRIPTION OF PROJECT

Grant Application Amount (BIG)	Estimated Total Cost of Project (BIG+MATCH)
Estimated Time of Completion of this Project	Date of Final Report
Brief Description of the Project	

C. PROJECT PURPOSE

What is the specific issue, problem, or need the project will address?

Why is the project important and timely?

What are the objectives of the project?

If the project is a continuation of a project funded previously, describe how the project differs from and builds on the previous project's efforts.

Describe the stakeholders other than the applicant, individuals, and organizations involved in the project. Who is in support of this project and why?

D. EXPECTED MEASURABLE OUTCOMES

Provide a goal - A goal is what you hope to achieve as a result of conducting the activities and producing the outputs (tangible results that can be seen, touched, handled, or moved about) of the project. Examples of outcome-oriented goals could include a change in knowledge, change in behavior, and change in conditions that make a difference for the beneficiaries of the project.

Provide your Performance Monitoring Plan. This is a description of how you will monitor your progress toward achieving your goal.

What are your data sources for monitoring performance? For example, will you conduct surveys or use questionnaires?

Describe how you will share the results of the project.

E. WORK PLAN

Project Activity 1

Describe the project activities that are necessary to accomplish the objectives.
Who will do the work?
Month and Year Activity will be Accomplished

Project Activity 2

Describe the project activities that are necessary to accomplish the objectives.
Who will do the work?
Month and Year Activity will be Accomplished

Project Activity 3

Describe the project activities that are necessary to accomplish the objectives.
Who will do the work?
Month and Year Activity will be Accomplished

Project Activity 4

Describe the project activities that are necessary to accomplish the objectives.
Who will do the work?
Month and Year Activity will be Accomplished

F. PROJECT BUDGET

Expenditure	BIG Request	Internal	State Funds	Federal Funds	Other Matching (in-Kind and 3rd party)	TOTAL
Salaries/Fringe Benefits						
Travel						
Equipment						
Supplies						
Marketing and Advertising						
Contractual						
Other						
TOTAL REQUESTED						

Project Budget Detail

Salaries/Fringe Benefits
Travel
Equipment
Supplies
Marketing and Advertising

Project Budget Detail (continued)

Consultant Fees
Other Direct Costs
Indirect Costs

PRESS RELEASE INFORMATION

The information on this page may be used for public releases in announcements, press releases and other public information.

Applicant Information

Contact Name		Telephone Number	
Address	City	State	ZIP Code

Project Information

Title of Project	
Project Start-up Date	Project Completion Date
Brief summary of the project, product or process and proposed commercialization efforts:	
Total Funds Requested from BIG	Total Project Budget
What will the grant funds be used for?	

Name	Title	
Signature		Date

G. REFERENCES

List the names and telephone numbers of two references who are familiar with the applicant's work relevant to the application.

Name		Telephone Number	
Address	City	State	ZIP Code

Name		Telephone Number	
Address	City	State	ZIP Code

H. CONCLUSION

A complete application must contain all information requested and have original signatures of the applicant. The completed application must be submitted on or before the deadline date at:

North Dakota Department of Agriculture
Bioscience Innovation Grant
600 E Boulevard Ave., Dept. 602
Bismarck, ND 58505-0020

**Electronic submissions are acceptable but must be signed*

By affixing your signature(s) to this application, the applicant(s) certifies to have read and understood all conditions set forth therein and that all information contained in this application package is true to the best of the applicant's knowledge, information and belief.

The North Dakota Department of Agriculture reserves the right to modify or terminate any subsequent agreements with applicant if, at a future date, the North Dakota Department of Agriculture becomes aware of material misrepresentation(s) contained in this application.

Applicant Signature	Date
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Applicant Signature	Date
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