



**Pittsburgh Central Keystone Innovation Zone (PCKIZ)  
Grant Application 2008**

**Please complete all requested text on this application using a computer. Handwritten applications will not be accepted. Please do not submit a business plan in lieu of the requested items.**

**Applicant Information (complete the following blanks)**

Company Contact Name Address 1 Address 2 City, State, Zip Phone Fax Email Incorporation Date	
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Requested funding amount: (Insert dollar amount here, not to exceed \$25,000)

**Introduction**

A Keystone Innovation Zone (KIZ) is a designated zone that is established in communities that host institutions of higher education - colleges, universities, junior colleges and technical schools. These zones are designed to foster innovation and create entrepreneurial opportunities. They do this by gathering and aligning the combined resources of educational institutions, private businesses, business support organizations, commercial lending institutions, venture capital networks (including angel investors) and foundations

To support its general objectives, the PCKIZ is providing grant funding to support the creation and growth of companies that have the ability to create good jobs for student and

people located in the Pittsburgh Central Keystone Innovation Zone. To qualify for funding, applicants must document how the use of PCKIZ grant funding will establish or enhance the applicant's capability to commercialize new technology, increase their competitive viability in their respective marketplaces and/ or create jobs within the Pittsburgh Central Keystone Innovation Zone. Each applicant can request up to \$25,000 in grant funding.

For more information about the PCKIZ, please visit [www.pckiz.org](http://www.pckiz.org)

## **Applicant Requirements**

### **Eligibility:**

Applicants must meet the following criteria:

- The product or process being developed must be classified into at least one of the following industry sectors: Biomedical, Biotechnology, Material Science, Information Technology, and Technology.
- A company must be a start-up business less than 8 years old that is located within the physical boundaries of the Pittsburgh Central KIZ.
- Current registered students at Carlow University, Community College of Allegheny County, Duquesne University, and Point Park University are encouraged to apply.

### **Project examples include, but are not limited to:**

- Market analysis/research performed by one of the PCKIZ partners
- Patent applications
- Product design/development
- Prototype development and testing
- Feasibility analysis performed by one of the PCKIZ partners
- Specialized consulting services
- Purchase of equipment/ software that can specifically help the business create jobs
- Partial salary to hire a graduate from one of the PCKIZ participating universities to specifically help the company with a project that can help the business create jobs.
- Marketing materials

### **Grant funding can NOT be used directly for:**

- Facilities (rent or purchase)
- Insurance
- legal fees except for Intellectual Property and Patents
- Delinquent Taxes or Debt
- Refinancing of existing debt

## **Review and Approval**

Application Due Date: Applications will be reviewed as submitted until funding is exhausted according to the following schedule.

- Grant Application Deadline Friday, April 25, 2008; Grant Decision May 9, 2008
- Grant Application Deadline Friday, June 27, 2008; Grant Decision July 11, 2008
- Grant Application Deadline August 29, 2008; Grant Decision September 12, 2008
- Grant Application Deadline October 31, 2008; Grant Decision November 14, 2008

Grant applications submitted after the bi-monthly application due date will be reviewed during the next bi-monthly grant review cycle. A grantee cannot receive more than \$25,000 in a calendar year. An applicant that does not receive a grant can reapply or an applicant that receives a grant below \$25,000 can reapply until he or she reaches the \$25,000 cap.

Evaluation Criteria: A PCKIZ Grant Review Committee will evaluate each application and determine the level of funding commitment that will be made to each applicant and the milestone requirements that must be met to receive all or part of the grant. The Committee will use a 100-point scale to evaluate applications (described on the application form). The Board of Directors will then approve final grant recommendations of the PCKIZ Grant Review Committee.

### **Detailed Technology Description**

What is your technology? (What does your technology consist of and what does it do?)

(Insert your text here to replace this placeholder.)

What is its intended use? (Discuss what problems your technology solves.)

(Insert your text here to replace this placeholder.)

Do you have a functioning prototype?

(Insert your text here to replace this placeholder.)

Describe any ownership of intellectual property rights?

(Insert your text here to replace this placeholder.)

If the Technology that you are using is already in the Market place how will it help you increase jobs within the PCKIZ?

(Insert your text here to replace this placeholder.)

## **Market**

What is the size of the anticipated market? (Discuss who your customer base consists of, the numbers of customers, and dollar amounts.)

(Insert your text here to replace this placeholder.)

Who are your competitors and what is your competitive advantage? (What alternatives exist to your product?)

(Insert your text here to replace this placeholder.)

## **Company**

Provide a brief history of your product/company and results to date. (What is your company in business to do? Who are the principals? What milestones have you accomplished?)

(Insert your text here to replace this placeholder.)

Provide a timeline for bringing your product to its full market potential. (Insert your text here to replace this parenthetical comment.)

(Insert your text here to replace this placeholder.)

## **Funding Need**

Describe what the funding will be used for. (Insert additional rows into the table as necessary. Provide any supporting information (e.g., vendor quotations) with your application.)

Item Description	Total Cost

Describe how this funding will impact your business. (To what extent will you improve competitiveness, profitability, productivity, customer relations, technical performance, sales, cost-effectiveness, etc...? What if any deliverables will be produced?)

(Insert your text here to replace this placeholder.)

Describe your matching funds. (What are the sources and types of your matching funds?)

(Insert your text here to replace this placeholder.)

## **Economic Impact**

Describe the number, type, and average salary of the jobs that will be created in the PCKIZ by your company in the next three years.

(Insert your text here to replace this placeholder.)

## **Signature of Official Authorized to Enter Into Contractual Agreements**

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Signature:

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Print Name:

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Title

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Date:

By signing this application, the applicant agrees to participate in the Pittsburgh Central Keystone Innovation Zone Grant Program, agrees to remain located in the PCKIZ for a 3 year time period after receiving grant funds and agrees to all terms and conditions contained herein.

Submit a hardcopy of this application and all attachments to:

William Generett Jr., J.D.  
Executive Director  
Pittsburgh Central Keystone Innovation Zone  
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