Application and Guide

Alabama Research Alliance



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ALABAMA RESEARCH ALLIANCE GRANT APPLICATION GUIDELINES

Applications shall be submitted in PDF format by email to [shonda.gray@adeca.alabama.gov](mailto:shonda.gray@adeca.alabama.gov). Applications will be accepted starting on March 31, 2022. Completed applications must be submitted by 11:59 PM CST, on May 13, 2022. Any applications received after the deadline will not be considered. All applications must be complete; however, Alabama Department of Economic and Community Affairs (ADECA) reserves the right to contact applicants for additional information and/or clarifications.

The Alabama Research Alliance (ARA) Trust Fund is managed by the ARA Board of Directors for the support and encouragement of educational, agricultural, maricultural, and industrial activities involving basic and applied research in Alabama.

This ARA solicitation focuses on encouraging these activities by supporting and advancing entrepreneurship in Alabama to enable the launch of new businesses that provide innovative technologies and services developed through basic and applied research and lead to the creation of new jobs in the state. Collaboration with Alabama research universities is strongly encouraged. Successful applicants will describe in detail entrepreneurial support to be provided and potential impact in terms of job creation and economic development.

The ADECA Energy Division intends to issue awards totaling no more than $580,000.00.

APPLICANT ELIGIBILITY

Eligible applicants are non-profit organizations and public and private colleges and universities.

PROGRAM ELIGIBILITY

Proposed programs must demonstrate the potential to create new jobs in Alabama through the support and advancement of innovation and entrepreneurship in the state.

REQUIRED MATCH AMOUNTS

Grant funds awarded through this solicitation must be matched one for one (100% match required). Match may be provided through cash or in-kind services.

QUESTIONS

Questions pertaining to this Application and Guide may be submitted by email to Shonda Gray, ARA Program Manager, at [shonda.gray@adeca.alabama.gov](mailto:shonda.gray@adeca.alabama.gov).

**SECTION A: GRANT APPLICANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Name** | ***Alabama Research Alliance*** | | |
| **Project Title** |  | | |
| **Grant Applicant’s Legal Name** |  | | |
| **Physical Address** |  | | |
| **City** |  | **State** |  |
| **County** |  | | |
| **Federal Employer Identification No.** |  | | |
| **Organization Type** |  | | |
| **Requested Award Amount** |  | **Project Duration (months)** |  |
| **Match Amount** |  | **Match Percentage** |  |
| **Total Project Cost** |  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROJECT DIRECTOR** | | | | | | | | |
| Salutation | First Name | | M.I. | | Last Name | | | |
|  |  | |  | |  | | | |
| Position/Title | | Phone | | | | Email Address | | |
|  | |  | | | |  | | |
| Mailing Address | | | | City | | | State | Zip Code |
|  | | | |  | | |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SIGNATORY OFFICIAL / GOVERNOR’S NOTIFICATION** | | | | | | | | |
| Salutation | First Name | | M.I. | | Last Name | | | |
|  |  | |  | |  | | | |
| Position/Title | | Phone | | | | Email Address | | |
|  | |  | | | |  | | |
| Mailing Address | | | | City | | | State | Zip Code |
|  | | | |  | | |  |  |

|  |  |
| --- | --- |
| **CERTIFICATION** | |
| I, the undersigned, am authorized to obligate my entity and enter into agreements for my organization. I understand that this application does not guarantee funding and a grant agreement will be executed prior to project funds being expended. I further understand that if the statements of this application cannot be verified, no grant funds will be awarded under this program. Finally, to the best of my knowledge the responses to this application are true and correct. | |
| Signature of Applicant: | |
| Title of Applicant: | Date: |

**SECTION B: PROJECT BUDGET**

Please provide the following information to explain the estimated costs for the project budget. Please include the award amount and the match contribution. **ARA grant funds must be budgeted for direct program costs only.**

|  |
| --- |
| **PERSONNEL** |

List program personnel by function (e.g., program coordinator, engineer, secretary, student aide, etc.). Show the salary of each person and the percentage of time that each person will spend on the project. (Example: Project Director, annual salary $40,000, 75% of time to be spent on the project, and cost $30,000).

|  |  |  |  |
| --- | --- | --- | --- |
| Personnel Function | Salary | Time Percentage | Cost |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  |  | **TOTAL:** | $ |

|  |
| --- |
| **FRINGE** |

If fringe benefits are estimated as a percentage of personnel costs, give percentage. List items included in fringe, percentage, and cost for each respective item included. (Example: Fringe rate is 25% of personnel cost as follows: FICA 7.65%, Retirement 6.77%, medical $400/month.)

|  |  |  |
| --- | --- | --- |
| Fringe Item | Percentage | Cost |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  | **TOTAL:** | $ |

|  |
| --- |
| **TRAVEL** |

List estimated cost of travel expenses.

|  |  |
| --- | --- |
| Expense | Cost |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL:** | $ |

|  |
| --- |
| **EQUIPMENT** |

Provide a description of the equipment, reason why it is necessary to purchase the equipment, and cost. Equipment is defined as tangible, non-expendable property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. (Note: leased or rented equipment should be listed under the “Other” category.)

|  |  |  |
| --- | --- | --- |
| Description | Reason | Cost |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  | **TOTAL:** | $ |

|  |
| --- |
| **SUPPLIES & MATERIALS** |

List estimated cost of supplies and materials.

|  |  |
| --- | --- |
| Expense | Cost |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL:** | $ |

|  |
| --- |
| **CONTRACTUAL** |

List categories of services to be contracted with outside agencies or for professional services. Note that written subcontracts must be obtained to engage these services. This category includes professional installation and all materials supplied by the installer.

|  |  |
| --- | --- |
| Expense | Cost |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL:** | $ |

|  |
| --- |
| **OTHER** |

List estimated other cost.

|  |  |
| --- | --- |
| Expense | Cost |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL:** | $ |

|  |
| --- |
| **BUDGET TOTAL** |

List the totals of each budget category above. Please make sure that the totals in each budget category listed above match the totals of each cost category below.

|  |  |  |  |
| --- | --- | --- | --- |
| Cost Categories | Project Award Amount | Match Contribution | Total Project Amount |
| Personnel | $ | $ | $ |
| Fringe | $ | $ | $ |
| Travel | $ | $ | $ |
| Equipment | $ | $ | $ |
| Supplies & Materials | $ | $ | $ |
| Contractual | $ | $ | $ |
| Other | $ | $ | $ |
| **TOTAL** | $ | $ | $ |

**SECTION C: PROJECT DETAILS**

Please provide the following information to explain the details of the proposed project.

1. Executive Summary

Provide a one-page overview of the proposed program.

1. Project Narrative (10-page limit, minimum size 10 font)

* Provide a detailed description of the proposed program including a discussion of innovative aspects of the program and how methods incorporated will lead to increased job creation and enhanced economic development in Alabama.
* Scope of Work: Include a scope of work outlining in detail all services to be performed along with time estimates for each task.
* Deliverables/Impacts: List specific deliverables and provide a reasonable estimate of potential impacts. Discuss how program effectiveness will be measured.
* Marketing Plan: Include a viable and detailed marketing plan to encourage participation by entrepreneurs and to garner additional support for the program.
* Partners/Stakeholders: Identify pivotal organizational relationships and how these partnerships will advance the goals of the program. Provide information on any collaboration with research universities in the state. Letters of support from partnering and supporting organizations outlining their participation/support may be submitted with the application but are not required.
* Sustainability Plan: Describe how the program will be continued past the grant performance period if subsequent funding from ARA is not available.

1. Applicant’s Qualifications and Experience (four-page limit)

Give a brief description of the qualifications and experience of each staff member assigned to this project and briefly describe any similar projects which your organization and/or project team has developed and implemented. Identify the specific role of each staff member in relation to the proposed program.