

# Appendix B

## Advanced Manufacturing Program

***Part 1 - Application Forms*** (found in Word document below)

***Part 2 - Budget Forms*** (found under separate Excel spreadsheet)



**John R. Kasich**, Governor

Development  
Services Agency

**David Goodman**, Director

# Advanced Manufacturing Program

## 2018 Request for Proposals Application Information Page

Preliminary Proposal Notification Number (Issued by ODSA)	PP #: AMP 18-_____
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<b>This Application:</b> <input type="checkbox"/> Does <input type="checkbox"/> Does Not	include information exempt from public release under the Ohio Public Records Act in Section 149.43 of the Ohio Revised Code.

<b>Lead Applicant Name</b>			
<b>Lead Applicant Address</b>			
<b>City:</b>	<b>Ohio County:</b>		
<b>State:</b>	<b>Zip Code:</b>		

<b>Project Title:</b>			
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<b>AMP Program Funds Requested:</b>	\$	<b>Cost Share:</b>	\$
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<b>Project Type:</b>	<input type="checkbox"/> <b>Type 1</b> - Project involving partnering with a large manufacturing firm to implement one or more related new technologies or processes across the small to medium-sized manufacturers in a segment of the company's supply chain.  <input type="checkbox"/> <b>Type 2</b> - Project involving the deployment of technologies to protect the manufacturing base from disruption by cyber-attack.
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<b>Is the Lead Applicant the lead in any other proposal submitted under this RFP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the other project(s) title:

Typed Name of Authorizing Agent	Title of Authorizing Agent
Signature	Date

For Ohio Development Services Agency Use Only	
Date Received	Proposal ID #

# **Advanced Manufacturing Program**

## **Financial Liability and Legal History**

### **Financial Liability**

The State of Ohio (State) will not give financial assistance of any type to an Applicant or company with outstanding financial obligations to the State or to an Ohio community or with outstanding environmental issues. The status of each Applicant will be verified with the Ohio Department of Taxation and with the Ohio Environmental Protection Agency.

Please answer the following questions. False answers may result in the State withdrawing any and all offers of financial assistance.

Does the Lead Applicant and/or company:

- a. Owe any delinquent taxes to the State, any State agency or a political subdivision of the State?  Yes  No
- b. Owe any monies to the State or to a State agency for the administration or enforcement of the environmental laws of the State?  Yes  No
- c. Owe any past-due monies to the State, a State agency or a political subdivision of the State?  Yes  No
- d. Have any existing tax liens?  Yes  No
- e. Have a State loan on which it has defaulted?  Yes  No

### **Legal History**

Has the Lead Applicant (or user), related companies or any officer:

- a. Been convicted of a felony?  Yes  No
- b. Been convicted of or enjoined from any violation of State or federal law?  Yes  No
- c. Been a party to any consent order or entry with respect to an alleged State or federal securities law violation?  Yes  No
- d. Been a defendant in a civil or criminal action?  Yes  No

If the answer is yes to any questions listed above, please explain:

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# Advanced Manufacturing Program

## Lead Applicant Contact Information

Authorizing Agent	Name	_____	
	Title	_____	
	Organization	_____	
	Address	_____	
	City, State, Zip	_____	
	Telephone	Fax	_____
	Email	_____	

Project Director	Name	_____	
	Title	_____	
	Organization	_____	
	Address	_____	
	City, State, Zip	_____	
	Telephone	Fax	_____
	Email	_____	

Fiscal Agent	Name	_____	
	Title	_____	
	Organization	_____	
	Address	_____	
	City, State, Zip	_____	
	Telephone	Fax	_____
	Email	_____	

Grant Administrator	Name	_____	
	Title	_____	
	Organization	_____	
	Address	_____	
	City, State, Zip	_____	
	Telephone	Fax	_____
	Email	_____	

**Authorizing Agent** – the individual authorized by the Lead Applicant to accept the terms and conditions of an award of grant funds.  
**Project Director** – the individual authorized by the Lead Applicant to direct the project for which the grant funds have been awarded.  
**Fiscal Agent** – the individual authorized by the Lead Applicant to sign grant-related financial documents, e.g., Requests for Payment, grant financial reports, etc.  
**Grant Administrator** – the individual authorized by the Lead Applicant to oversee the day-to-day administration of the grant funds, including preparing progress reports, monitoring project progress, etc.

**Note:** The same individual may hold more than one of these positions.

# Advanced Manufacturing Program

## Collaborator Information

Provide contact information for each Collaborator named in the proposal. Include an e-mail address if available. Attach additional forms as needed. A Letter of Commitment should be included in the proposal for every Collaborator listed.

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_