

Opportunity Details

Opportunity Information

Title

FY 2025-2026 Prototype Grant

Description

The Prototype Grant is a matching grant that provides financial assistance for product development to businesses operating in Nebraska. Funds are accessed on a reimbursement basis - if a project is funded, the business may request reimbursement for a share of expenses as they are incurred. Only those expenses related directly to product development are eligible for reimbursement. Priority is given to those projects that are conducting the development work in the state of Nebraska.

If funded, DED can reimburse 2/3 of eligible project expenses (or 80% for value-added agriculture projects or projects in an Economic Redevelopment Area). The business must provide funding equal to 50% of the grant award (1/3 of project costs, 1/5 for value-added agriculture projects or projects in an Economic Redevelopment Area).

Award Ceiling: \$150,000.

Cash Match: 1/3 of project costs. 20% for Value-added agriculture projects. 20% for projects occurring in an Economic Redevelopment Area.

Agency Contact Name

Ben Kuspa

Agency Contact Email

ben.kuspa@nebraska.gov

Program

Prototype

Fund Activity Categories

Departments

BIA, 01 Business Development

Subjects

Prototype, 26FY

Manager

Ben Kuspa

Additional Users

Ben Kuspa, Brad Kulwicki

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/17b158f0-83f4-434d-bdd5-2db263059370>

Is Published

Yes

Award Information

Award Range

\$150,000.00 Ceiling

Award Type

Competitive

Capital Grant

No

Indirect Costs Allowed

No

Matching Requirement

Yes

Cash Match Requirement

50.00%

Other Funding Requirement

Submission Information

Submission Window

06/13/2025 12:00 AM - 06/30/2026 11:55 PM

Submission Timeline Type

One Time

Submission Timeline Additional Information

Applications are accepted on a fiscal year basis from July 1st through June 30th or until funds are exhausted.

Other Submission Requirements

Program Overview and Guidelines:

<https://opportunity.nebraska.gov/programs/business/hif-prototype-grants/>

Question Submission Information

Question Submission Additional Information

Questions may be directed to:

Additional information: <https://opportunity.nebraska.gov/bia>

Eligibility Information

Additional Eligibility Information

Eligible applicants are for-profit businesses with less than 500 employees that are conducting product development in the state of Nebraska.

Additional Information

Additional Information URL

<https://opportunity.nebraska.gov/amplifund/>

Additional Information URL Description

Resources:

General and Program specific Amplifund user guides and videos can be found at

<https://opportunity.nebraska.gov/amplifund/>.

Statewide Relay System:

Individuals, who are hearing and/or speech impaired and have a TTY, may contact the Department through the Statewide Relay System by calling (800) 833-7352 (TTY) or (800) 833-0920 (voice).

The relay operator should be asked to call DED at (800) 426-6505 or (402) 471-3111.

Project Information

Application Information

Application Name

Award Requested

Cash Match Requirement

\$0.00

Cash Match Contributions

\$0.00

Total Award Budget

\$0.00

Primary Contact Information

Name

Email Address

Address

Phone Number

Project Description

Prototype Grant Application

Please complete the following questions. You may save and continue at a later date, but answers will not be saved unless the "Save" button is used. When the form is complete, please click the "Mark as Complete" button.

Applicant Company Information

**The Applicant Primary Contact Information is on the previous page, Project Information section.*

Business Legal Name

Doing Business As Name (DBA)

Enter the Applicant Business's phone number below.

Applicant - Phone Number (0000000000)

Applicant - Extension

Management Contact

Management - First Name

Management - Last Name

Management - Title

Primary Business Address

Physical mailing address where you are residing and doing work at.

Applicant - Address Line 1

Applicant - Address Line 2

Applicant - City

Applicant - State

Select an item... ▼

Applicant - Postal Code

Business Information

Is the business registered with the Nebraska Secretary of State as a domestic or foreign business?

- ☐ Yes, registered with the Nebraska Secretary of State
- ☐ Registered in a state other than Nebraska
- ☐ Not currently registered with any state

Nebraska Secretary of State Account Number

State of Incorporation

Select an item... ▼

In order to receive an award from DED, applicants must be registered with the Nebraska Secretary of State and in good standing. Applications can be processed for consideration, but an award cannot be issued until the business is registered with the Nebraska Secretary of State.

Federal Tax ID (000000000)

Date Established

Type of Entity

- ☐ Sole Proprietorship
- ☐ LLC
- ☐ Partnership
- ☐ C Corporation
- ☐ S Corporation
- ☐ Corporation (Not Including C Corps or S Corps)
- ☐ Other

Type of Entity: please specify...

Employment

Current Average Salary of Employees (\$)

\$0.00

Number of Full Time Employees

0

Industry

Primary Industry

- ☐ Agriculture (NAICS 11)
- ☐ Manufacturing (NAICS 31-33)
- ☐ Bio Science (NAICS 54)
- ☐ Software as a Service (NAICS 54)
- ☐ Other

Please indicate which industry best describes your company

Select an item...

Other Grant Assistance

Has the business received any state-funded grants from DED in the past AND/OR is the business currently in consideration for state-funded grant assistance? (e.g. Small Business Assistance Act (through Grow Nebraska), InternNE, other Business Innovation Act awards, etc.)

- ☐ Yes, the business has received grant assistance from DED in the past AND/OR the business is currently in consideration for other grant assistance
- ☐ No, the business has not received any DED assistance in the past and is not currently in consideration for other grant assistance

Please describe all grant assistance the business has received in the past AND/OR is currently in consideration for including grant names, amounts, and contract numbers (if available).

Preparer Information

**The Applicant Primary Contact Information is on the previous page, Project Information section.*

Is the Preparer organization different from the Applicant organization?

- ☐ Yes
- ☐ No

Applicant Preparer Information

Application Preparer - Organization Name

Application Preparer - First Name

Application Preparer - Last Name

Application Preparer - Email Address

Application Preparer - Phone Number (0000000000)

Application Preparer - Extension

Matching Funds & Sources

Describe where you plan to source the matching funds (ie: cash on hand, investors, bank loan, etc).

Matching funds must be equal to 50% of total funds requested in grant funding (1/3 of project cost). Value added-agriculture projects or projects occurring in an economic redevelopment area require at least 25% matching funds (20% of project cost).

Explain how the project will be leveraged with private investment (i.e., source and capacity of matching funds).

Value-Added Agriculture Projects

Value-added agriculture projects include the development of an innovative technology that benefits farmers, ranchers, or the agricultural community or development of a product that utilizes raw materials sourced from Nebraska agricultural producers. Value-added agriculture projects have a lower matching requirement than other projects.

If necessary, DED has the right to determine if a project meets the criteria for the value-added agriculture designation.

Is this application for a value-added agriculture project?

- ☐ Yes
☐ No
-

Projects in an Economic Redevelopment Area

Beginning July 20th, 2022, if the applicant's principal residence or principal place of business is located in an economic redevelopment area in a city of a metropolitan class (Omaha), the project may qualify a lower match requirement (20% of incurred costs). If necessary, DED has the right to determine if a project meets the qualification of occurring in an Economic Redevelopment Area. Additional information may be requested to determine eligibility.

Does the founder live in the city of Omaha or is the primary place of business within Omaha?

- ☐ Yes
☐ No

Applicant Principal Address Information

Address Line 1

Address Line 2

City

State

Select an item... ▼

Postal Code

Applicant Principal Business Place Information

Address Line 1

Address Line 2

City

State

Select an item... ▼

Postal Code

Project Location

Will the project take place at the primary business address previously entered?

- ☐ Yes
☐ No

Project Location

Address Line 1

Address Line 2

City

State

Select an item... ▼

Postal Code

Project Questions

Please fully answer the following questions. If applicable, please also refer to a specific section in the Business Plan for more information.

Describe the new product you are developing which you are seeking assistance for under the Prototype grant.

Please describe any work/development (including time and hours) already completed on the proposed project.

Summarize the development work that is yet to be completed on the product that the Prototype funds would be used towards.

Identify your business/company's commercialization model in regard to sales of your product or service, including the primary market and pricing.

Identify the market size, dynamic, competition, and other factors that will impact the development/sale of the product being developed.

Explain how the development of this product will be a benefit to the Nebraska economy (both short-term and long-term)

including potential job creation, sales, and any other potential benefits to the state.

Include all additional information to support and supplement any existing or future business and investment plans. (Disclose and provide information about any delinquency, judgment, dispute or potential liability that may impact the value of the product or potential company).

Uploads

Business Plan or Pitch Deck

Please upload a business plan or detailed pitch deck that provides detail regarding the project that is being pursued.

For more information on suggested inclusions, please see the program guidelines available on the DED's website.

UPLOAD: Business Plan

Describe Upload

Evidence of Matching Funds

Please provide evidence of the ability to fund the matching component of the grant such as a bank statement, documentation of a loan, or a letter from an investor.

If this information is already in the business plan document, please disregard.

UPLOAD: Evidence of Matching Funds

Describe Upload

Scope of Work

Please upload relevant scope of work documentation to support the submitted budget.

If this information is already in the business plan document, please disregard.

UPLOAD: Scope of Work

Describe Upload

Supplemental Materials

Supplemental materials can be submitted for consideration.

This may include:

- **Wireframes**
- **Diagrams**
- **Letters of support from potential customers**
- **Anything else that will assist with the review process**

UPLOAD: Supplemental Materials - 1

UPLOAD: Supplemental Materials - 2

UPLOAD: Supplemental Materials - 3

UPLOAD: Supplemental Materials - 4

Describe Upload(s)

Budget

Proposed Budget Summary

Expense Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
Contract Development			
Subtotal	\$0.00	\$0.00	\$0.00
Employee Wages			
Subtotal	\$0.00	\$0.00	\$0.00
Materials & Supplies			
Subtotal	\$0.00	\$0.00	\$0.00
Other			
Subtotal	\$0.00	\$0.00	\$0.00
Total Proposed Cost	\$0.00	\$0.00	\$0.00

Revenue Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
Grant Funding			
Award Requested	\$0.00		\$0.00
Subtotal	\$0.00		\$0.00
Non-Grant Funding			
Cash Match		\$0.00	\$0.00
Subtotal		\$0.00	\$0.00
Total Proposed Revenue	\$0.00	\$0.00	\$0.00

Proposed Budget Detail

Proposed Budget Narrative

Contract Development

Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. If this Line Item has Match, change "Non-Grant Funded" to "Yes". Enter in your Match Dollar Amount or Match Percentage. After saving your line item, verify that the "Grant Funded", "Non-Grant Funded" and "Total Budgeted" columns are correct. Do not enter Ineligible Project Costs in this category.

Employee Wages

Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. If this Line Item has Match, change "Non-Grant Funded" to "Yes". Enter in your Match Dollar Amount or Match Percentage. After saving your line item, verify that the "Grant Funded", "Non-Grant Funded" and "Total Budgeted" columns are correct. Do not enter Ineligible Project Costs in this category.

Materials & Supplies

Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. If this Line Item has Match, change "Non-Grant Funded" to "Yes". Enter in your Match Dollar Amount or Match Percentage. After saving your line item, verify that the "Grant Funded", "Non-Grant Funded" and "Total Budgeted" columns are correct. Do not enter Ineligible Project Costs in this category.

Other

Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. If this Line Item has Match, change "Non-Grant Funded" to "Yes". Enter in your Match Dollar Amount or Match Percentage. After saving your line item, verify that the "Grant Funded", "Non-Grant Funded" and "Total Budgeted" columns are correct. Do not enter Ineligible Project Costs in this category.