

Opportunity Details

Opportunity Information

Title

FY 2024-2025 SBIR/STTR Phase I

Description

Nebraska businesses that win a federal SBIR/STTR Phase I award may apply for a 65%, up to \$100,000, match.

*Enter the Federal SBIR/STTR grant as "Cash Match" when completing the application in AmpliFund's Project Information and Budget sections.

Awarding Agency Name

Nebraska Department of Economic Development

Agency Contact Name

Brad Kulwicki

Agency Contact Phone

402-480-9380

Agency Contact Email

bradley.kulwicki@nebraska.gov

Manager

Brad Kulwicki

Additional Users

Announcement Type

Initial Announcement

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/c0b3a967-3921-4452-9af0-329fec7d6628>

Is Published

Yes

Funding Information

Opportunity Funding

\$450,000.00

Award Information

Award Range

\$150,000.00 Ceiling

Award Type

Competitive

Capital Grant

No

Matching Requirement

Yes

Other Funding Requirement

Submission Information

Submission Window

06/17/2024 12:00 AM - 06/30/2025 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.

Must be applied for within 45 days of federal notice of award.

Other Submission Requirements

Program Guidelines:

<https://opportunity.nebraska.gov/program/nebraska-small-business-innovation-research-small-business-tech-transfer-sbirsttr-grant-program/>

Question Submission Information

Question Submission Additional Information

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

Eligibility Information

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

SBIR/STTR Phase I 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

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...

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... ▼

Website

Describe your business's background and history.

Describe the main products/processes/services your firm produces.

Describe your previous SBIR/STTR experience, including both successful and unsuccessful.

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
☐ No

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

Solicitation Information

SBIR/STTR Agency Solicitation

Topic Number

Solicitation Topic Title

Proposal Award Date

Proposal Award Amount

\$0.00

Business must provide a copy of the official award notice from the Federal Agency.

UPLOAD: Federal Notice of Award

Will the business conduct all activities described in the Federal SBIR/STTR proposal in Nebraska?

- ☐ Yes
☐ No

If "No", what percent of activities will be conducted in Nebraska?

0.00%

Project Information

State the overall objective of the proposed research.

Identify and specify the significance of the technical problem or opportunity that will be addressed.

What is innovative in your concept/proposed approach?

Summarize your awareness about related R&D; and the intellectual property currently published on this subject.

Describe your plans to organize the project team, lab facilities, equipment, and the project budget.

What are the expected results at the end of the project?

What are the Phase 1 objectives to further develop your technology in Phase 2?

What is the end product of commercialization and how will you commercialize the technology?

Who are your customers?

Describe the major milestones or expected outcomes for the development of your project as well as timing and duration.

Tell what significant advantages your innovation will bring to the market over your competition.

What barriers to entry do you have in order to successfully commercialize your technology? How do you plan to overcome them?

Budget

Proposed Budget Summary

Expense Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
Direct Costs			
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

Direct Costs

*Enter the Federal SBIR/STTR grant as "Cash Match" when completing the application in AmpliFund's Project Information and Budget sections. 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.