

# Hawaii Manufacturing Assistance Program (MAP) Application

Administered By INNOVATE Hawaii / Hawaii Technology Development Corporation

## 1. Company Information

All items with \* are required.

**Company Name**

**Year Gross Revenue First Generated**

**Authorized Company Official (Signatory)**

**Prefix**

**First Name**

**Last Name**

**Title**

**E-mail**

**Business Phone**

**Mobile Phone**

**Business Address**

Street Address

Street Address Line 2

City

Zip Code

**Designated Contact (if different from above)**

First Name

Last Name

**Designated Contact E-mail**

**HI House District**

**HI Senate District**

# Full-Time Employees 2022

ex:20

# Part-Time/Seasonal Employees 2022

ex:25

# Out-of-State Employees 2022

ex:5

# Full-Time Employees 2023

ex:20

# Part-Time/Seasonal Employees 2023

ex:25

# Out-of-State Employees 2023

ex:5

# Full-Time Employees 2024

ex:20

# Part-Time/Seasonal Employees 2024

ex:25

# Out-of-State Employees 2024

ex:5

## 2. General Criteria

Federal Employer ID #

ex:123456789

NAICS Code

ex:311812

[Lookup your NAICS code](#) (must be in a line of business defined as manufacturing having NAICS code beginning with 31, 32, or 33)

**A discrepancy between the NAICS code on your application and the one in your Dun & Bradstreet (DUNS) profile triggers a request to DUNS to confirm and update the manufacturing NAICS code in your company profile. This step verifies that your company is a manufacturer and qualifies for MAP funding.**

Do you have a D-U-N-S (Dun & Bradstreet) number?

Yes  No

Brief description of your company and product(s)

Is your company registered to do business in the State of Hawaii and current on all State tax liabilities?

Yes  
 No

All applicants must be registered to do business in Hawaii and be current in all Tax liabilities.

[Hawaii Compliance Express](#)

Upload your Certificate of Vendor Compliance from Hawaii Compliance Express (pdf)

Choose File No file chosen

Upload your Form W-9 (pdf) showing company name, remittance address, and Federal Employer ID # (FEIN). The information on this document will be used to create or validate your State vendor number and must match exactly what is shown in the Company Information section of this MAP Grant application.

Choose File No file chosen

### 3. Grant Information and Justification

Justify your grant request by explaining how the qualified expense items you purchased and implemented have improved your business.

In what ways has productivity or production throughput improved? (ex: number of units produced, cycle time, overall equipment effectiveness, etc.)

**How have you realized cost savings?**

**How have you increased staffing and new investments to the business?**

**Did you receive a MAP award in 2023 and/or 2024?**

- Yes
- No

Did you meet your projected annual goals for Earnings before Interest, Taxes, Depreciation, and Amortization (EBITDA) and new employees? If not, please explain why were you unable to meet your projected goals?

#### Forecasted company growth and other economic impact numbers in 2026

**Total Full-Time Employees**

ex:5

**Total Jobs >\$80K salary**

ex:2

**Total Part-Time / Seasonal Employees**

ex:5

**Total Annual Revenue**

ex:\$200,000

**Total Jobs Retained**

ex:10

**Total Cost Savings**

ex:\$150,000

(Example: Labor, materials, energy, overhead, etc.)

**Total New Operational Investments**

ex:\$500,000

(Example: New products, new processes, new equipment, employee skills, etc.)

#### 4. Project Expenses and Proof of Payment

Fill in the [MAP Expense List template](#) with budget and details for all qualified expenses (Equipment, Training, Energy Efficiency, Feasibility Study). For Equipment, if applicable, please include the Make and Model number, along with a brief description of what the equipment does in the Item Description Column. Under Justification, please provide the reason you chose the equipment over other models/brands and explain how equipment is essential to your manufacturing process. Expenses without justification have been denied in the past. Do not include any costs for items that are used with your product (such as boxes, labels, bottles, etc.). These are NOT ELIGIBLE expenses.

**Upload MAP Expense List (excel file, xls, xlsx)**

No file chosen

file must be less than 25Mb

**All supporting documents, proof of payment/receipts must be labeled and/or numbered to correspond with the item on the MAP Expense List and include: Vendor Name, Equipment Purchased, Date of Purchase, and Matching \$ Amount.**

**For training expenses, upload course information/agenda provided by equipment vendor, and if using a third-party for training, qualifications of the trainer.**

**For energy efficiency and feasibility studies, upload vendor qualifications and results/conclusions of the study.**

Documentation not meeting these criteria will not be accepted and could result in denied expenses. Please refer to [MAP FAQ](#) page for more information.

Upload valid proof of payment (pdf), and supporting documents (pdf) for all items on your MAP Expense List. Acceptable forms of proof of payment include copies of receipts or statements from the vendor showing zero balance due, cleared checks from your bank, or bank/credit card statements.

No file chosen

file must be less than 25Mb

[Additional Attachments](#)

### 5. Company Financial Information

Annual Revenue in 2022

Annual Revenue in 2023

Annual Revenue in 2024 (as of Sept 30)

ex: \$1,000,000

Earnings Before Interest, Taxes, Depreciation, and Amortization (EBITDA)

EBITDA in 2022

EBITDA in 2023

EBITDA in 2024

Please upload Profit & Loss (P&L) or Income Statements and Balance Sheets for the previous year, current year, and projected statements for the next year. If the company sustained any losses, please attach additional sheet and explain the reason for the losses. Mark all documents CONFIDENTIAL.

**P&L and Balance Sheet for 2023 (pdf)**

No file chosen

file must be less than 25Mb

[Additional Attachments](#)

**P&L and Balance Sheet for 2024 as of Sept 30 (pdf)**

No file chosen

file must be less than 25Mb

[Additional Attachments](#)

**Projected P&L and Balance Sheet for 2025 (pdf)**

No file chosen

file must be less than 25Mb

[Additional Attachments](#)

## 6. Additional Information

INNOVATE Hawaii provides training and manufacturing assistance. Please indicate what type of services would be helpful for your company.

- |   |  |
|---|--|
| <input type="checkbox"/> *Add email to general mailing list*    | <input type="checkbox"/> 3D printing                               |
| <input type="checkbox"/> Automation / Robotics                  | <input type="checkbox"/> Cybersecurity                             |
| <input type="checkbox"/> Distribution / Supply Chain            | <input type="checkbox"/> Electrical Design                         |
| <input type="checkbox"/> Export                                 | <input type="checkbox"/> Feasibility Study                         |
| <input type="checkbox"/> Food Safety                            | <input type="checkbox"/> IP Protection                             |
| <input type="checkbox"/> Licensing                              | <input type="checkbox"/> Market Research                           |
| <input type="checkbox"/> Mechanical Design                      | <input type="checkbox"/> Other                                     |
| <input type="checkbox"/> Packaging / Processing Equipment       | <input type="checkbox"/> Pre-production Manufacturing (low volume) |
| <input type="checkbox"/> Process Optimization / Facility Design | <input type="checkbox"/> Production Manufacturing (high volume)    |
| <input type="checkbox"/> Prototyping Assistance                 | <input type="checkbox"/> Quality Management Systems                |
| <input type="checkbox"/> R&D / Engineering                      | <input type="checkbox"/> Software / Firmware Design                |
| <input type="checkbox"/> Workforce                              |  |

If other, enter description here

## 7. Signature and Date

INNOVATE Hawaii and the Hawaii Technology Development Corporation administer the Hawaii Manufacturing Assistance Program. We look forward to awarding your application to help you move forward in expanding your manufacturing operation.

By submitting this application, you agree that all information provided is accurate and that you will be subject to all of the eligibility requirements of the grant. You also agree to participate in the HTDC Annual Economic Impact Survey and the INNOVATE Hawaii NIST MEP questionnaire for a period of 5 years.

**Authorized Official**

Prefix

First Name

Last Name

**Title**



Submit

[Contact Information](#)