

Hawaii Manufacturing Assistance Program (MAP) Grant Application

Administered By INNOVATE Hawaii / Hawaii Technology Development Corporation

1. Company Information

All items with * are required.

Company Name

President/Authorized Official

Prefix
First Name
Last Name

Title

E-mail

Business Phone

Cell

Business Address

Street Address

Street Address Line 2

City

Zip Code

Designated Contact (if different from above)

First Name
Last Name

E-mail

HI House District

HI Senate District

Annual Revenue

Full-Time Employees

Part-Time/Seasonal Employees

Out-of-State Employees

2. General Criteria

Federal Employer ID #

NAICS Code

[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 state 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](#)

You are required to show compliance through:

- Certificate of Vendor Compliance from Hawaii Compliance Express

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

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.

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 terms of revenue, employment growth, productivity, etc.). Provide evidence to support your forecasted company growth and economic impact.

Forecast company growth and other economic impact numbers for 3 years

New Full-Time Employees

New Jobs >\$80K salary

New Part-Time / Seasonal Employees

Jobs Saved

Increased Annual Sales

Cost Savings

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

New Investments

(Example: Products, processes, equipment, employee skills, etc.)

4. Project Expenses and Proof of Payment

Click [here](#) to download MAP Expense List template

Fill in the MAP Expense List template provided above 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 [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

Year Incorporated

Please upload Profit & Loss (P&L) and Balance Sheets for the previous year, current year, and projected statements for the next year. **Mark all documents CONFIDENTIAL.**

P&L and Balance Sheet for 2022 (pdf)

No file chosen

file must be less than 25Mb

[Additional Attachments](#)

P&L and Balance Sheet for 2023 (pdf)

No file chosen

file must be less than 25Mb

[Additional Attachments](#)

Projected P&L and Balance Sheet for 2024 (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

Important

The Authorized Official listed above must complete an electronic signature form before we will review the application. Once you hit the submit button, you will be directed to the form.

Sign your application:

A new screen will appear, in yellow 'click here to sign' box to sign and type in email address, then blue button 'click to sign'.

Confirming your signature:

Look in your email inbox (or spam folder) for email from Adobe Sign, subject heading "Please confirm your signature on MAP Signature Block", follow instructions, then click on link to "Confirm my email address".



Submit

[Contact Information](#)

SAMPLE