

Indiana Innovation Voucher Program Proposal

Company Name			
Headquarters			
Number of Total Employees		Number of Indiana-Based Employees	
Partner Research Institute			
Partner Research Institute Address			
Institute Point of Contact Name		Institute Point of Contact Email	
Project Start Date		Project End Date	

If the company is not headquartered in Indiana and/or the majority of its employees are not employed in Indiana, does it maintain a majority of its business operations in Indiana? If so, how?

Please describe your top-priority business need.

How would this proposed project address your business need? Please describe impact on business performance and related financial outcomes.

Please describe the proposed project in detail.	
Project budget and deliverables and timeline (please use specific deliverable date rather than year 1, year 2).	
Sources of project funding.	
Description of use of funds for this grant.	
Company Authorized Signature	Research Institute Authorized Signature