

Battelle Energy Alliance

Operator of Idaho National Laboratory

2018 INL TECH BASED ECONOMIC DEVELOPMENT DONATION REQUEST FORM

Regional Economic Development, Entrepreneurship, Technology-Based Economic Development, Innovation and Talent Pipeline

Return form to **Stephanie Cook**, (208) 526-1644, Fax (208) 526-0876 or stephanie.cook@inl.gov by **October 15, 2017**.

Organization: [Click here to enter text.](#)

Project Description, Goals, Activities and Timeline:
[Click here to enter text.](#)

Project Impact, Metrics to be Measured, and Benefit:
[Click here to enter text.](#)

Project Participants, Who will benefit from project? Count of participants benefiting from project:
[Click here to enter text.](#)

Name [Enter Name](#). Title [Enter Title](#). Phone [Enter Phone](#). Fax [Enter Fax](#).

Address [Enter Address](#).

E-mail [Enter E-mail](#).

Category of Application (check all that apply):

- Regional Economic Development Entrepreneurship
 Technology-Based Economic Development Innovation Talent Pipeline

Category of INL Mission your application supports (check all that apply):

- Nuclear Energy Clean Energy National & Homeland Security

Amount Requested from INL \$* [Amount](#).

Total Project Cost \$** [Amount](#).

Matching Funds Identified \$ [Amount](#).

*Is this request for all or part of the project? All or Part

***If the total project cost is greater than the amount requested, submit budget and documentation showing how you plan to accomplish the event or project. Include amount and source of pledges received to date for the project/program for which you are requesting funding, and/or other sources to which you have applied, together with amounts that have been requested from each.*

How will the money be used? [Click here to enter text.](#)

Name & count of other sponsoring or contributing organizations for the project [Click here to enter text.](#)

Has this effort been funded by an INL contractor in the past? Yes No

If yes, when? [When.](#)

How much? [How much.](#)

Is this an annual project? Yes No

Date of Event (if applicable) [Enter Date.](#)

How will this project be funded in the future?

[Click here to enter text.](#)

Will increased income or savings result? If yes, describe

[Click here to enter text.](#)

Is this a local, regional, statewide, or nationwide drive?

[Click here to enter text.](#)

Does the organization attempt to influence legislation? Explain

[Click here to enter text.](#)

Does the organization receive funding from any federal, state or local government sources, or is it affiliated with any institution that does? If so, list amounts received during the past year, identify source, and indicate percentage of total budget such funding represents.

[Click here to enter text.](#)

Is the organization a member of or does it derive funds from any United Way, independent college fund, allied arts council, or similar organization? If so, state name of organization, total amount of funding received during the past year, and percentage of total budget of such funding represents.

[Click here to enter text.](#)

Annual budget \$ [Annual Budget.](#) % from private donations [Donations.](#) % from government grants [Grants.](#)

[Applicants receiving a contribution agree to submit a final summary report with photos.](#)

[Donations are ONLY provided to 501\(c\)\(3\) nonprofit organizations. YOU MUST PROVIDE A COPY OF YOUR TAX EXEMPT LETTER WITH THIS FORM. Requests that do not include a copy of this letter will be excluded from review.](#)