NEPIRC Manufacturing Training and Technical Assistance Program
Application and Awardee Contract Terms

OFFICIAL USE ONLY (approvals noted below)	
Program Review	**Award #**
Controller Review	**Date**

By virtue of the attached application, the organization has requested a NEPIRC Manufacturing Training and Technical Assistance Program award. If awarded, the award will allow the organization to receive Training, Consulting and/or Technical Assistance Services from NEPIRC at 50% of the normal cost up to $25,000 for such Services and will be implemented as described in the attached application in coordination with NEPIRC.

An award recipient will pay the normal, full price for the Services upon commencement of the engagement, and upon completion of the Project Closeout Checklist and Completion Certification, NEPIRC will reimburse the organization for 50% of the cost of the Services no less than $2,500, up to $25,000.

Contingent upon acceptance from NEPIRC (in the form of a written notification specifying the award number and the award amount), a Contract will form between NEPIRC and the organization. The Contract will consist of the Application, the Awardee Contract Terms stated herein, NEPIRC's standard terms and conditions are included in the NEPIRC Proposal, and NEPIRC's Proposal for the Services to be provided (to be completed by NEPIRC after notification of acceptance).

ORGANIZATION

BY:_____
Name and Title of Signatory

NEPIRC

BY:_____
Charles Wallinger
Controller

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A. APPLICANT INFORMATION	
(1) Organization Name	
(2) County	
(3) Address (Street Address, City, State, Zip)	
(4) Website	
(5) Number of full-time employees	
(6) Annual Revenue	
(7) A) NAICS Code (must be 31-33) and b) D&B code	a) b)
(8) Previously received a NEPIRC award (*Yes/No*)	
(9) Is your organization public or privately owned?	
B. PROJECT BUDGET AND TIMELINE	
(1) Project Title	
(2) Estimated start date	
(3) Estimated completion date	
(4) Total project cost	
(5) Amount requested	
(6) Amount of applicant match (must equal amount requested)	
(7) Attach a detailed project budget proposal fully describing use of funds, source and use of matching funds and expected project outcomes	Attach detailed project description, anticipated outcomes/impacts and detailed budget
(8) Describe any other important factors or issues	Attach description of other important factors or issues
C. ORGANIZATION APPLICANT CERTIFICATION	
As an authorized representative of the Organization listed in Section A, I hereby certify and warrant the following: ☐ We are a Pennsylvania organization, located in a qualifying county and will not use the funds to support relocation; ☐ We are not debarred from state or federal contracting; ☐ We are not delinquent on state or federal taxes or debt; ☐ The information contained in this application is correct; ☐ If awarded, we agree to the terms and conditions surrounding the use of these funds as attached. (including project cost documentation equal to total project cost and cancelled checks as estimated in Section B) ☐ I agree to complete the Client Questionnaire; ☐ I understand and agree that contingent upon written notification of award, this application and associated terms and conditions will become a contract	
(1) Contact Name and Title	
(2) Contact Phone	
(3) Contact Email	
(4) Organization EIN (W-9 required)	
D. SIGNATURE	
I hereby certify that this proposal is complete, accurate, and believe it can be completed on time, scope and budget.	*Signature* *Date*