**FORM A = MTI Cluster Initiative Program Cover Page**: Please fill in each required field, sign and include with application. If emailing as an attached pdf, please mail the original page with signature to: Patti Sutter, Maine Technology Institute, 8 Venture Avenue, Brunswick Landing, Brunswick, ME 04011**.**

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| **Project Title (< 50 characters):**  **List Project Cluster:** |
| **Technology Sector(s) that will most benefit from your proposal (check all that apply):** |
| ( ) Advanced Technologies for Forestry and Agriculture ( ) Composite Materials Technology |
| ( ) Aquaculture and Marine Technology ( ) Precision Manufacturing Technology |
| ( ) Biotechnology ( ) Environmental Technology ( ) Information Technology ( ) Other |
| **Type of work proposed:** |
| ( )Collaborative Research Facilities ( ) Collaborative Infrastructure and Equipment ( ) Standards Development |
| ( ) Information or Technical Resources ( ) Business or Technical Training ( ) Network Building |
| ( ) Supply Chain Development ( ) Attraction of Capital ( ) Other |
| **Recipient Organization and Principal Contact:** This organization will receive funds if an award is made and the listed person will be the point of contact and have project management responsibilities. |
| Recipient Organization: Business Tax ID #: |
| Primary Contact: |
| Organization Address: |
| E-mail Address: |
| Daytime Phone Number: Other Phone Number: |
| **Other Principals:** Please list other primary personnel and/or organizations involved in the project, along with their business affiliations. |
| Name / Title / Affiliation:  E-mail Address: |
| Name / Title / Affiliation:  E-mail Address: |
| Name / Title / Affiliation:  E-mail Address |
| Name / Title / Affiliation:  E-mail Address: |
| **Award Amount Requested:** |
| **Matching Fund Amount and Source(s):** |
| **SIGNATURE:** By signing this application, I certify that all information contained herein is complete and accurate to the best of my knowledge. I agree to accept responsibility for the conduct of the project and to provide the required progress reports if an award is made.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Principal Contact / Title Date |