



Oklahoma Innovation Expansion Program Application

Before starting your application be sure to read the important information and the complete program rules on the OIEP website at <https://www.okcommerce.gov/oiep>.

You must upload a complete copy of the program rules - initial that you have read all the rules at the bottom of pages 1-3 and sign and date the agreement on page 4 before submitting this online application. Download the complete agreement [here](#).

See the FAQs on <https://www.okcommerce.gov/oiep/> for answers to common questions about the program.

Is the company a for-profit business as specifically defined in the Oklahoma Innovation Program Rules and Procedures?

Yes

No

Only for-profit companies as specifically defined in the Oklahoma Innovation Program Rules and Procedures are eligible to apply. This application cannot be completed.

Have any funds been spent toward the new project as of the time of this application?

Yes

No

Only new projects qualify for the Oklahoma Investment Expansion Program. No money can be spent towards a new project prior to receiving an award letter from the Oklahoma Department of Commerce. This application cannot be completed. This application cannot be completed.

Company Name: *

Company FEI Number: *

Company NAICS: *

Parent Company (if any):

Does the company remit withholding taxes through a third party (such as a PEO)? *

- Yes
- No

What is the name of the third party used for remitting withholding taxes?

What is the FEI Number under which the withholding taxes are remitted?

Most Current Annual Year Sales: *

Enter the amount, round to whole dollars

Company Physical Address (no PO Boxes) *

Street Address

Street Address Line 2

City State

Zip Code

Company Contact

Company Contact: *

First Name Last Name

Company Contact Title: *

Company Contact Email: *

example@example.com

Office Phone Number *

Mobile Phone Number

Project Finance Information

Awards are based on qualifying projects. Not all applications will receive awards.

Award amounts will depend on market potential, the amount of the company's investment, and the economic impact of the new production capabilities in Oklahoma's economy.

There is not a requirement of an amount that the company invests toward the project. However, the greater the percentage of its own funds in the project, the greater the benefit to the state will be. This will be considered in the review.

What is the total budget for the project? *

Enter the amount, round to whole dollars

How much of the budget can the company contribute? *

Enter the amount, round to whole dollars. OIEP will not fund 100% of the costs. The greater the amount funded by the applicant the higher the score for the project.

Total Amount Requested (Calculated)

Provide a narrative description of the project. *

Is the physical address of the project the same as Company Physical Address above? *

Yes

No

Project Physical Address:

Street Address

Street Address Line 2

City

State

Zip Code

How many people are currently employed at the company in Oklahoma? *

Enter whole numbers

For the average wage, enter whole dollars for the annual salary. The wage entered cannot include any benefits but should include overtime or bonuses. Do not enter wages in hourly format. The total company yearly payroll will be calculated from the number of jobs and the average annual wage.

What is the average annual wage of current jobs in Oklahoma? *

Enter the amount, round to whole dollars

Total current yearly Oklahoma payroll for the Company (Calculated)

Will the project involve new job creation? *

Yes

No

What is the timeframe for new job creation?

- Less than one month
- One to three months
- Three to six months
- Greater than six months

How many jobs will be created by the project?

Enter whole numbers

What will be the average annual wage of new jobs?

Enter the amount, round to whole dollars

For jobs retained or created, will the company provide a qualifying health plan?* ***

- Yes
- No

***Note: Qualifying health plans are defined as health insurance for all full-time employees, offered within 180 days of employment for which the employee pays no more than 50% of the cost of premiums for coverage of basic hospital care, physician care, mental health care, substance abuse treatment, prenatal care, and prescription drug coverage.

Would an award lead to increased sales or decreased costs? *

- Increased sales
- Decreased costs
- Not applicable

Please describe how project will increase current sales. *

Please describe how project will decrease current costs. *

Would an award lead to supply chain efficiency, diversification (industry), new market (geography) or expanded capabilities? *

- Supply chain efficiency
- Diversification
- New market
- Expanded capabilities
- Not applicable

What is the timeframe for the project starting? *

- Less than one month
- One to three months
- Three to six months
- Greater than six months

How would an award lead to supply chain efficiency, diversification (industry), new market (geography) or expanded capabilities?

Please provide specific details about how this would benefit your company.

If you haven't downloaded, initialed and signed the Rules/ Agreement already, download the here.

Program Rules and Agreement Upload (must be initialed and signed)

Please read then initial at the bottom of pages 1-3, then sign and date on page 4.

Certification and Legal Authority

Acceptance of Program Participation Rules as agreed to in my attached agreement.

I affirm that I understand that to be considered for participation in the program:

- To qualify, no money can be spent toward the new project before receiving an award letter from the Oklahoma Department of Commerce.
- That the company applying is in good standing with the Oklahoma Tax Commission.
- That receipt of an award letter does not guarantee acceptance into the program, and that acceptance into the program only occurs when a funding agreement for the new project is executed with the Oklahoma Developmental Finance Authority.
- That if accepted for participation into the program, you may be terminated from the program without notice if you do not spend at least 10% of the estimated project costs by September 30, 2024, after executing the Funding Agreement.

By checking the box below, you are affirming that you agree to the aforementioned program requirements. *

I affirm

Terms and Conditions

I, the undersigned, hereby certify that this application is (a) complete; (b) contains no misrepresentation and is accurate and correct in all facts; (c) may be relied upon as a true representation of the nature of the project. I further certify that all subsequent documentation shall also be accurate, correct, and void of misrepresentation. This document has been duly authorized by the governing body of the applicant. The company, guarantors, and others required to submit proprietary information and financial disclosures are, by the act of applying for assistance, authorizing the distribution of the information to such persons as may be required for the review, approval, and administration of the expenditure. They are also authorizing reference and background investigations, and inquiries into their credit.

Terms and Conditions: *

I agree

Authorized Company Representative: *

First Name

Last Name

Authorized Company Representative Title: *

An authorized representative is an officer, director or owner of the company.

I, the undersigned, hereby certify that I am an Authorized Company Representative have authority to make binding decisions on behalf of the Company regarding application for/acceptance of grants? *

I affirm

