



# TEXAS SPACE COMMISSION

APPLICATION

## Space Exploration and Aeronautics Research Fund (SEARF)

Private and Nonprofit Entities

## INTRODUCTION

The **Space Exploration and Aeronautics Research Fund** is used to provide grants to eligible entities for the purposes of:

- development of emerging technologies required for any aspect of human spaceflight;
- research involving any aspect of space exploration and spaceflight;
- workforce training to promote space exploration and spaceflight;
- curation of post-mission materials involved in space exploration and space flight; and
- development of infrastructure useful or necessary for the establishment or maintenance of a spaceport.

Entities eligible for **Space Exploration and Aeronautics Research Fund** grants include businesses or nonprofits involved in the space exploration, research, or aeronautics industry.

If a project is approved for a grant offer using the **Space Exploration and Aeronautics Research Fund**, an applicant must execute a grant agreement that ensures Texas taxpayer funds are spent effectively, efficiently, and in accordance with State law.

For more information, contact TSC staff at (512) 463-8575 or visit [space.texas.gov](https://space.texas.gov).

## SUBMISSION INSTRUCTIONS

Applicants must submit a complete form electronically to TSC staff at [SEARF@space.texas.gov](mailto:SEARF@space.texas.gov).

- Please include all requested information for each section.
- Where no response is possible, please respond with "N/A."
- Electronic signatures are permissible.
- Accuracy and thoroughness in your responses is appreciated and will avoid delays in processing.
- Attachments and additional pages are not required unless otherwise specified.
- TSC staff will develop performance documents or grant agreements using details provided.
- TSC staff will request supplemental information if necessary.
- TSC staff will determine completeness and will not review incomplete submissions.
- This form is subject to modification. If the form is modified before the application is complete, TSC staff will request any necessary additional information.
- Letters of support, scientific articles, research team publications, and other supporting documentation will be accepted but are not required.

## APPLICANT INFORMATION

Exact legal name of the entity applying for a grant from the **Space Exploration and Aeronautics Research Fund** (Applicant)

\_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ Comptroller of Public Accounts (TINS) Number: \_\_\_\_\_

Corporate Credit Rating and Source: \_\_\_\_\_

North American Industry Classification System (NAICS) Code: \_\_\_\_\_

Service/Product Produced: \_\_\_\_\_

Identify the exact name used by Applicant to register in Texas and provide the Texas Secretary of State Filing Number:

\_\_\_\_\_

Business structure of Applicant (e.g., private, public, LLP, LLC): \_\_\_\_\_

Is Applicant classified as "Active" by the Texas Comptroller? [SEARCH HERE: Taxable Entity](#)

[Drop down menu]

Evidence of good standing under the laws of the state in which the entity was formed or organized is required. **Please attached a Certificate of Status issued by the Texas Secretary of State, or the equivalent document issued by the state official having custody of the records pertaining to entities formed under the laws of that state.**

Are Applicant's Articles of Incorporation attached? [drop down menu]

State of Incorporation: \_\_\_\_\_

If no, please explain:

## PROJECT SUMMARY

Please indicate which eligible purposes apply to the project. (Check all that apply)

- Emerging technology for spaceflight
- Research involving any aspect of space exploration and spaceflight
- Workforce training
- Curation of innovative technologies and post-mission materials
- Spaceport infrastructure establishment or maintenance

**Please provide:**

Short Company/Organization Description (50 words or less):

Product, Service, Research, or Technology (100 words or less):

- What is the proposed product, service, or research and value proposition?
- What is the core breakthrough anticipated and competitive advantage?
- In what stage is each product in the development cycle, or what is the status of research in this field?

**Texas Space Commission | Space Exploration and Aeronautics Research Fund  
Private and Non-Profit Entities**

Key Team Members (100 words or less):

- Who are the founders of the entity or principal researchers?
- Attach biographies/CVs of key team members.

Overview (100 words or less):

- What is the breakdown of the market?
- How large is each market segment?
- Who are the major competitors and customers in the market?

Traction and Pipeline (100 words or less):

- Provide historical and projected revenues.
- What is the pipeline size and breakdown?
- How many signed customers exist?

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Private and Non-Profit Entities**

Business Model and Unit Economics (100 words or less):

- What is Applicant's strategy to generate profit?
- Provide present and future economics for each product line (e.g., cost, price, margins).

Risks and Leap (100 words or less):

- What are the major risks associated with the project?
- How does Applicant plan to mitigate those risks?

Use of Funds (100 words or less):

- How would the grant funds be spent?
- What milestones would this funding enable?
- How much runway would this funding provide?

What is the anticipated internal rate of return/return on investment for the project? (100 words or less):

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Private and Non-Profit Entities**

How would this funding further economic development in the proposed community and in the state? (100 words or less):

How would this funding enhance workforce development efforts in Texas? (100 words or less):

How would this project or research impact the aerospace industry overall? (100 words or less):

Where in Texas would the funding be expended? (100 words or less):

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Private and Non-Profit Entities**

Will any of the funding be used out of the state or out of the country? If yes, please provide detail. (100 words or less):

What, if any, expectations does Applicant have regarding intellectual property protection?

**For research projects, please complete the next three sections:**

Please provide an overview of the entity's Technology Readiness Level both at the start of the project and anticipated Technology Readiness Level at project completion. (100 words or less):

What are the technical merits and research objectives contained in the proposal? (100 words or less):

Please outline the technology transition and/or commercialization plan for the research project.



## PROJECTED DATES AND MILESTONES

If more than 4 phases are planned for the project, please attach supplemental information for all phases. For research projects, please attach proposed research timeline and milestone schedule.

Phase 1 Start: \_\_\_\_\_ Phase 1 Complete: \_\_\_\_\_

Purchase Phase 1 Equipment: \_\_\_\_\_

Phase 2 Start: \_\_\_\_\_ Phase 2 Complete: \_\_\_\_\_

Purchase Phase 2 Equipment: \_\_\_\_\_

Phase 3 Start: \_\_\_\_\_ Phase 3 Complete: \_\_\_\_\_

Purchase Phase 3 Equipment: \_\_\_\_\_

Phase 4 Start: \_\_\_\_\_ Phase 4 Complete: \_\_\_\_\_

Purchase Phase 4 Equipment: \_\_\_\_\_

Begin Operations: \_\_\_\_\_ Fully Operational: \_\_\_\_\_

**PROPOSED GRANT BUDGET**

Grant funds may only be awarded to accomplish the purposes of the **Space Exploration and Aeronautics Research Fund** enumerated in Chapter 482, Texas Government Code.

**Space Exploration and Aeronautics Research Fund Request: \$** \_\_\_\_\_

Category	Estimated Amount
<b>Construction Costs<sup>1</sup></b>	
• New Construction	\$
• Rehabilitation/Modernization/Renovation Construction	\$
<b>Equipment<sup>2</sup></b>	
• Capital Equipment	\$
• Training Equipment	\$
<b>Research and Development<sup>3</sup></b>	
• Research	\$
• Development	\$
<b>Total (must equal the request amount above)</b>	\$

<sup>1</sup> "Construction Costs" means construction of new buildings or renovation of existing buildings (including the installation of fixed equipment, but excluding the cost of land acquisition and off-site improvements). New construction, or activities that would change the "footprint" of an existing facility (e.g., relocation of existing exterior walls, roofs, or floors, attachment of fire escapes), is considered an allowable construction cost.

<sup>2</sup> "Equipment" means tangible, nonexpendable personal property (including information technology systems) having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Applicant may use equipment paid for with TSC funds for any purpose related to space exploration or aeronautics research, as long as the primary use of such equipment remains for grant-related purposes.

<sup>3</sup> "Research" is defined as a systematic study directed toward fuller scientific knowledge or understanding of the subject studied. "Development" is the systematic use of knowledge and understanding gained from research directed toward the production of useful materials, devices, systems, or methods, including design and development of prototypes and processes.

## FACILITY SUMMARY

Exact location of proposed facility (if applicable):

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Will Applicant own the facility? [*drop down menu*]

## PROJECTED CAPITAL INVESTMENT

Capital investment consists of funds expended or anticipated to be expended by the Applicant for the project, including building construction costs and equipment costs.

Project is fully funded, or financing is secured.

Building(s) \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

## COMMITTED SOURCES OF FUNDING

Applicant/Entity Participation \$ \_\_\_\_\_

Financial Institution(s) \$ \_\_\_\_\_

Local Participation \$ \_\_\_\_\_

Federal Participation \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Please provide a summary of committed sources of funding in the space below.

**STATE INCENTIVES\***

Will other state incentives be offered? *[drop down menu]*

Amount	Source	Applied for or Secured?
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

**LOCAL INCENTIVES\***

Will local incentives be offered? *[drop down menu]*

Taxing Entity	Type of Incentive	Term Length	Max. Amount	Applied for or Secured?
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

For local incentives that are not tax abatements or tax rebates, please provide narrative below on the nature of the incentive.

\* State and/or Local incentives are not a prerequisite for a SEARF grant award.

**APPLICANT BACKGROUND INFORMATION**

Please provide an introduction, history, and description of Applicant, its products, services, total sales, etc.

- Number of Years in Operation \_\_\_\_\_
- Number of Employees Worldwide \_\_\_\_\_
- Number of Employees Nationwide \_\_\_\_\_
- Number of Employees Statewide \_\_\_\_\_
- Most Recent Year Net Income \_\_\_\_\_
- Most Recent Year Revenue \_\_\_\_\_
- Current Year Projected Revenue \_\_\_\_\_
- Next Year Projected Revenue \_\_\_\_\_

**List most recent annual revenue by product:**

Product	Most Recent Annual Revenue

**Texas Space Commission | Space Exploration and Aeronautics Research Fund  
Private and Non-Profit Entities**

List any foreign individual or entity that has an ownership stake:

Name	Percentage Ownership Stake

**Corporate Family Tree**

Please provide the family tree by listing Applicant’s immediate parent company, ultimate parent companies, and all principal subsidiaries (if applicable).

- Ultimate parent company, HQ location: \_\_\_\_\_
- Immediate parent company, HQ location: \_\_\_\_\_
- Applicant, HQ location: \_\_\_\_\_
- Subsidiary A, HQ location: \_\_\_\_\_
- Subsidiary B, HQ location: \_\_\_\_\_
- Subsidiary C, HQ location: \_\_\_\_\_

Are all currently operating parent and subsidiary entities classified as “Active” by the Texas Comptroller? [*drop down menu*]

If no, please explain and/or disclose any history of tax-related forfeitures.

## APPLICANT BACKGROUND INFORMATION

Applicant must provide the most recent three consecutive years of independent, audited financial statements containing, at a minimum, the categories specified below. If Applicant has been in business fewer than three years, Applicant must provide data for all years in which it has been in business.

If a parent entity provides financial statements instead of Applicant, then the parent must—in a separate agreement—guarantee a grant agreement Applicant enters with the State.

- Current assets;
- Total assets;
- Inventories;
- Current liabilities;
- Total liabilities;
- Total equity;
- Net income;
- Revenue;
- Cost of goods sold/sales; and
- Current accounts receivable.

## CONFIDENTIALITY NOTICE

TSC, as a state agency, must comply with the Texas Public Information Act, Texas Government Code, Chapter 552 (PIA). Applicant is encouraged to familiarize itself with the PIA before submitting its application or other information to TSC. Under the PIA, TSC may, but is not guaranteed to, have authority to maintain the confidentiality of the name of and other information related to an applicant seeking funding from TSC. If a public information request related to Applicant is submitted to TSC, TSC staff will (1) promptly notify Applicant of the request; (2) if appropriate, take all possible actions with the Attorney General of Texas to prevent release of the information, including asserting applicable exceptions to disclosure under the Act; and (3) notify Applicant of the opportunity to participate in the process. If concerned about the release of information under the PIA, Applicant should seek the advice of legal counsel.

Applicant acknowledges that discussions related to this application shall be treated as confidential, and that a good faith effort will be made to prevent the disclosure of any such discussions. However, TSC's Board of Directors must conduct deliberations regarding grant

**Texas Space Commission | Space Exploration and Aeronautics Research Fund  
Private and Non-Profit Entities**

awards in open meetings held in accordance with the Texas Open Meetings Act, Texas Government Code, Chapter 551. Accordingly, if Applicant's request is advanced to a review by the full TSC Board of Directors, information about Applicant's project will be publicly disclosed, including Applicant's identity, a general description of the project, recommended grant award amounts, and other information TSC determines, in its sole discretion, is necessary to appropriately conduct grant award deliberations.

If a grant award is recommended in response to this application, Applicant agrees it will not disclose any information related to the negotiations or subsequent grant agreement unless authorized by TSC. TSC may terminate any further discussions of this application if Applicant breaches confidentiality.

### **ON-SITE COMPLIANCE REVIEW NOTICE**

In the event that a **Space Exploration and Aeronautics Research Fund** grant contract is executed between TSC and Applicant, TSC reserves the right throughout the term of the grant contract to conduct an on-site compliance review of Applicant's records relevant to the performance of the grant contract. Applicant may be selected for on-site review based upon risk assessment criteria determined by TSC.

### **DISCLOSURE OF INTERESTED PARTIES FORM NOTICE**

If Applicant is extended a **Space Exploration and Aeronautics Research Fund** offer of \$1,000,000 or more, in accordance with Texas Government Code Section 2252.908, Applicant must submit a "Disclosure of Interested Parties Form" to TSC at the time Applicant submits the signed grant contract.

The disclosure of interested parties must be submitted on a form and in a manner prescribed by the Texas Ethics Commission. The Disclosure of Interested Parties Form (Form 1295) and instructions are on the Texas Ethics Commission website, found at <https://www.ethics.state.tx.us/filinginfo/1295/>.

The Texas Ethics Commission implemented Disclosure of Interested Parties regulations at Title 46 Texas Administrative Code Chapter 46, found at [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=4&ti=1&pt=2&ch=46&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=1&pt=2&ch=46&rl=Y)



## CERTIFICATION OF APPLICATION AND CONTACT INFORMATION

### Authorized Applicant Representative (Applicant Entity Contact)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Entity \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Authorized Consultant Representative:

The following consultant is authorized to provide and obtain information related to this application. However, TSC reserves the right to contact Applicant directly at any time.

Consultant Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Company \_\_\_\_\_

**Texas Space Commission | Space Exploration and Aeronautics Research Fund  
Private and Non-Profit Entities**

**Certification of Application:**

To the best of my knowledge and belief, the information contained in this **Space Exploration and Aeronautics Research Fund** application is true and correct, as evidenced by my signature below. I further certify that Applicant is in good standing under the laws of the state in which the entity was organized and that no delinquent taxes are owed to any taxing entity within the State of Texas.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Primary Applicant Representative)*

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Notary Public, State of \_\_\_\_\_

(Notary Seal)

My commission expires \_\_\_\_\_