

Innovate Alabama Tax Credit Application

Under the Innovating Alabama Act, found in section 41-10-840, et seq., of the Code of Alabama, an Economic Development Organization (“EDO”) may apply for funding under the Innovate Alabama program for the following activities: (1) Programs for Technology Company Accelerators; and (2) Programs for Innovative Companies. Approved programs are funded through taxpayer cash contributions to the EDO.

Taxpayers receive an Innovate Alabama tax credit in the amount of their contribution. Required attachments and definitions are located at the back of this application. Return the signed and completed application, with attachments, to incentives@innovatealabama.org.

2025 Tax Credit *

R1 - June 2025

Section I. Economic Development Organization (EDO) Information

Legal Name of EDO: *

[Click here to download the EDO Status request template.](#)

Type of EDO *

Local EDO

State EDO

Name of Authorized Contact: *

This is the person responsible for signing the funding agreement.

Address of EDO *

Street Address

Authorized Contact Phone Number *

Authorized Contact E-mail *

Name of Submitter Contact: *

This is the person submitted the form.

Is the person submitting the application the same as the authorized contact? *

Yes

No

Submitter Contact Phone

Submitter Contact E-mail

Section 2. Innovate Alabama Qualifying Activity

Program Type *

Technology Company Accelerator

Innovative Company

Name of Project *

2

Address of the Program *

Street Address

Street Address Line 2

City

State

Zip Code

Census Tract: *

Innovative Industry: *

Section 3. Innovate Alabama Program

(A) Describe the qualifying program. If the Innovate Alabama program is part of a larger program, describe the complete program and identify what portion is requested to be funded through Innovate Alabama.

I would like to *

- Type answer
- Upload a File
- Both: Type answer and Upload a file

Qualifying Program: Type your answer here.

(B) Provide the expected schedule of the program to be undertaken:

Commencement date of the program: *

Month Day Year

Completion date of the program: *

Month Day Year

Describe what triggers "commencement of the program". *

Describe what marks "completion of the program". *

Section 4. Innovate Alabama Credit

(A) Innovate Alabama Funding Request Amount

(Use this format: \$0,000,000) *

(B) Provide a Narrative describing why the EDO's program should be funded through the Innovate Alabama Tax Credit program.

I would like to:

- Type answer
- Upload a file
- Both: Type an answer and Upload a file

Type your Narrative answer here.

(C) Provide a detailed budget with an itemized list of each cost. Additionally, provide any cost sharing and matching funds.

I would like to

- Type answer
- Upload a file
- Both: Type answer and Upload a file

Type your detailed budget here

(D) In addition to the Innovate Alabama funding request, identify the amount and source of other funds requested and/or received to undertake the program.

If none, source of local funds:

If none, source of state funds(excluding Innovate Alabama funding request):

Section 5. Innovate Alabama Donations:

Amount of private funds

If none, source of private funds:

Innovate Alabama requires written evidence that at least 75% of the amount of the tax credits requested in the EDO's application have committed donors at the time the application is submitted. If an EDO was previously awarded tax credits but was unable to obtain sufficient donations for all the tax credits awarded, that EDO will be required to provide written evidence that it has 100% of its donations committed in writing at the time the application is submitted. A LOS from each donor will be required to be included in the EDO's application.

2. Amount of local funds

(C) Provide the amount and source of funding available, in addition to the funding listed in Section 4(C), to fund the program should Innovate Alabama donors not provide 100% of the funding requested or should the Innovate Alabama scope of the program cost more than expected. If no additional funding is available, indicate accordingly, by typing "N/A" below. *

3. Amount of state funds

Section 6. EDO Certifications:

4. Amount of federal funds

If none, source of federal funds:

The undersigned hereby certifies that the EDO has in full force a conflict-of-interest policy consistent with IRS guidance for nonprofit organizations and this Innovate Alabama application does not violate the EDO's conflict of interest policy. The undersigned hereby affirms that, to the best of my knowledge and belief, the information in this application and any accompanying statement, schedules, and other information is true, correct and complete and that the undersigned is duly authorized to submit this information on behalf of the EDO. *

Yes, I acknowledge

Section 7. Release of Information:

Section 8. Required Attachment:

(A) Value of know Innovate Alabama Donations

*The value of know Innovate Alabama donations cannot exceed the amount of the Funding Request in Section 4(A).

Submit

*Download this form, have it notarized and submit in the field to the right
Tax Credit Release of Information Notary Public

SAMPLE