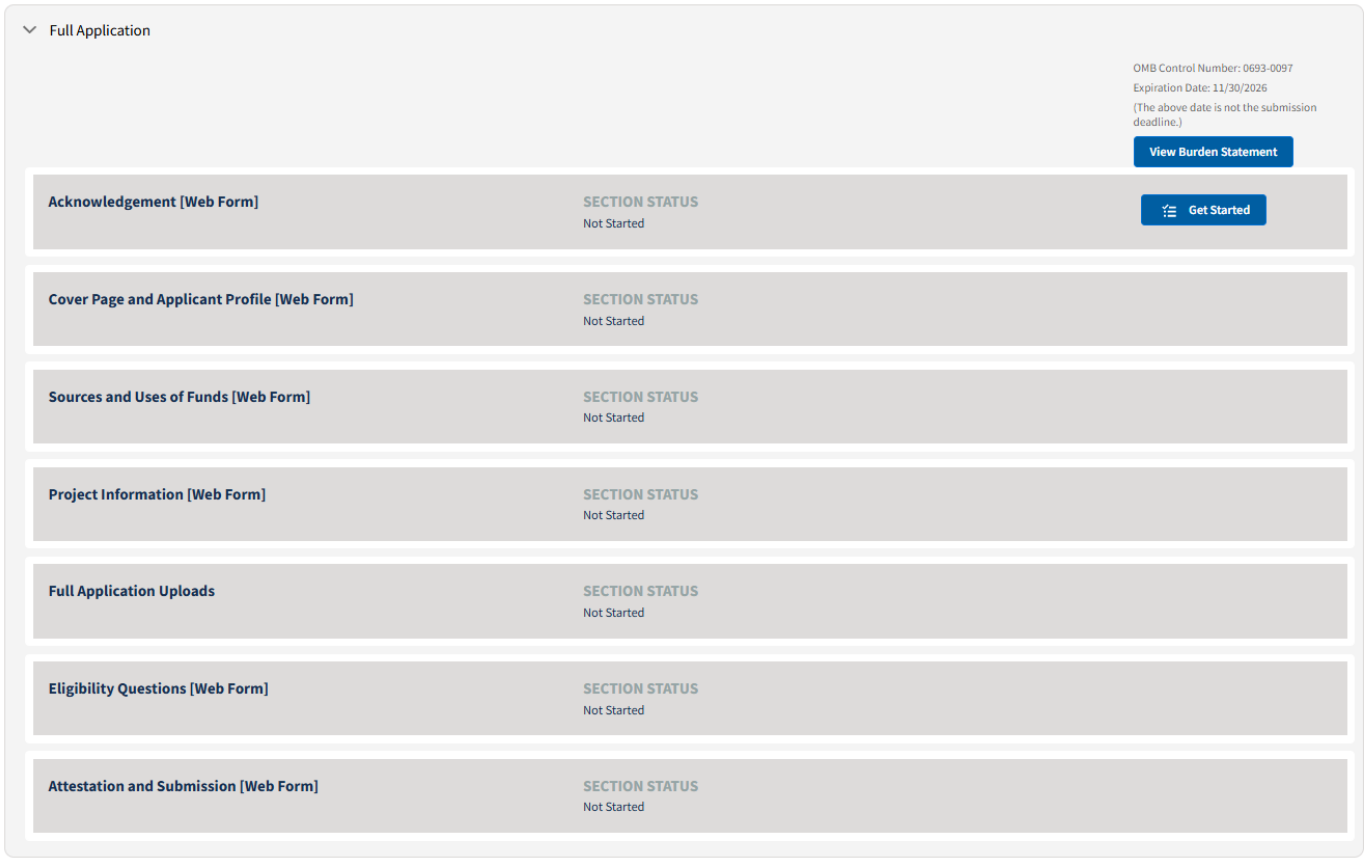
Salesforce Incentives Applicant Portal, UAT

Full App Screenshots 10-20-2026

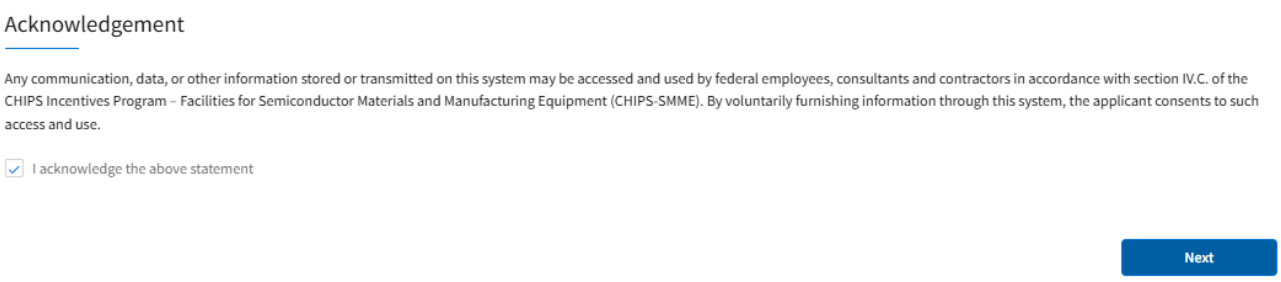


BURDEN STATEMENT

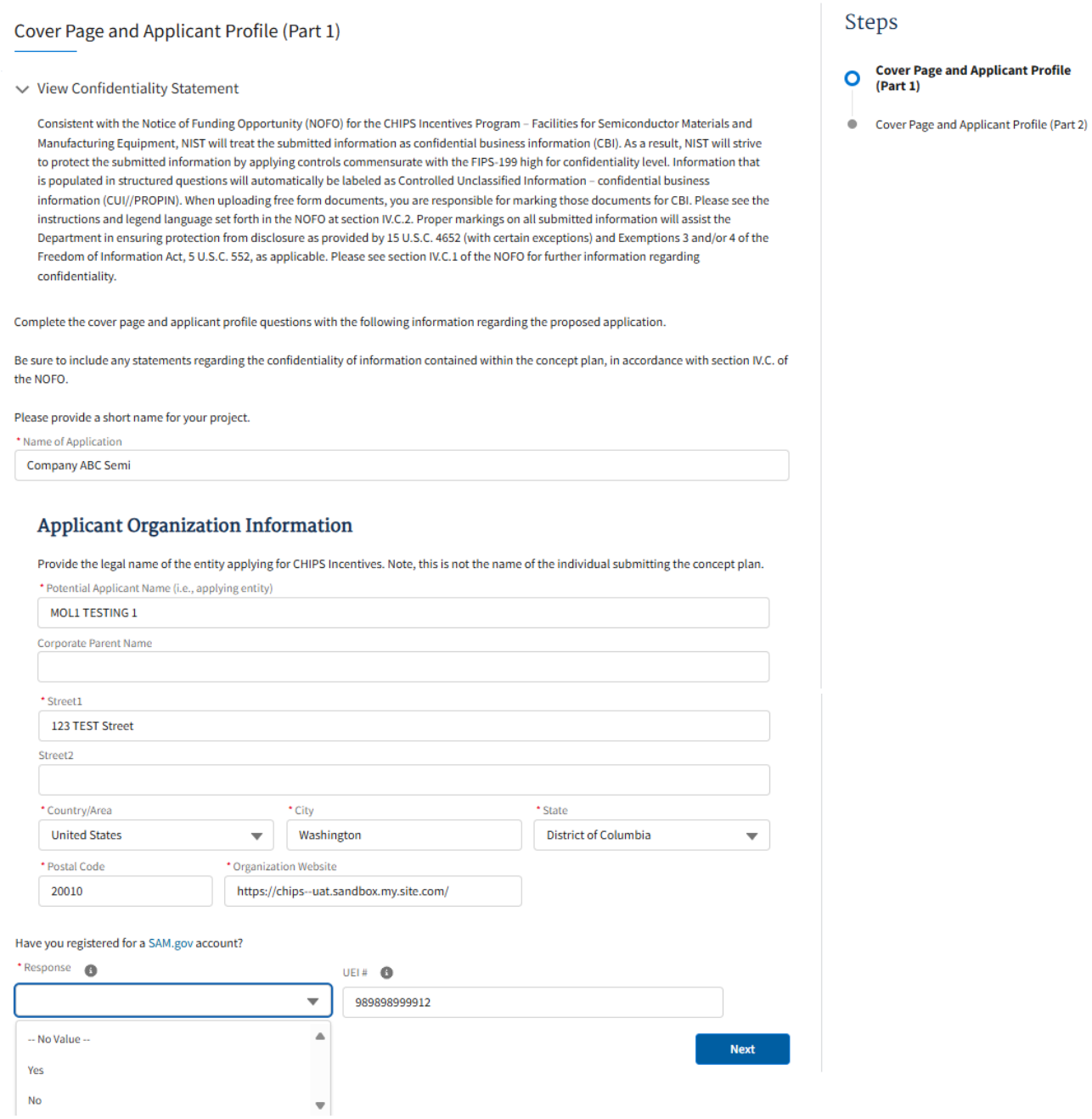
Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0097. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 42 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the National Institute of Standards and Technology at: askchips@chips.gov.

ACKNOWELDGEMENT [WEB FORM]



COVER PAGE AND APPLICANT PROFILE [WEB FORM]



Cover Page and Applicant Profile (Part 1)

View Confidentiality Statement

Consistent with the Notice of Funding Opportunity (NOFO) for the CHIPS Incentives Program – Facilities for Semiconductor Materials and Manufacturing Equipment, NIST will treat the submitted information as confidential business information (CBI). As a result, NIST will strive to protect the submitted information by applying controls commensurate with the FIPS-199 high for confidentiality level. Information that is populated in structured questions will automatically be labeled as Controlled Unclassified Information – confidential business information (CUI//PROPIN). When uploading free form documents, you are responsible for marking those documents for CBI. Please see the instructions and legend language set forth in the NOFO at section IV.C.2. Proper markings on all submitted information will assist the Department in ensuring protection from disclosure as provided by 15 U.S.C. 4652 (with certain exceptions) and Exemptions 3 and/or 4 of the Freedom of Information Act, 5 U.S.C. 552, as applicable. Please see section IV.C.1 of the NOFO for further information regarding confidentiality.

Complete the cover page and applicant profile questions with the following information regarding the proposed application.

Be sure to include any statements regarding the confidentiality of information contained within the concept plan, in accordance with section IV.C. of the NOFO.

Please provide a short name for your project.

* Name of Application: Company ABC Semi

Applicant Organization Information

Provide the legal name of the entity applying for CHIPS Incentives. Note, this is not the name of the individual submitting the concept plan.

* Potential Applicant Name (i.e., applying entity): MOL1 TESTING 1

Corporate Parent Name:

* Street1: 123 TEST Street

Street2:

* Country/Area: United States

* City: Washington

* State: District of Columbia

* Postal Code: 20010

* Organization Website: https://chips--uat.sandbox.my.site.com/

Have you registered for a SAM.gov account?

* Response:

UEI #: 989898999912

-- No Value --

Yes

No

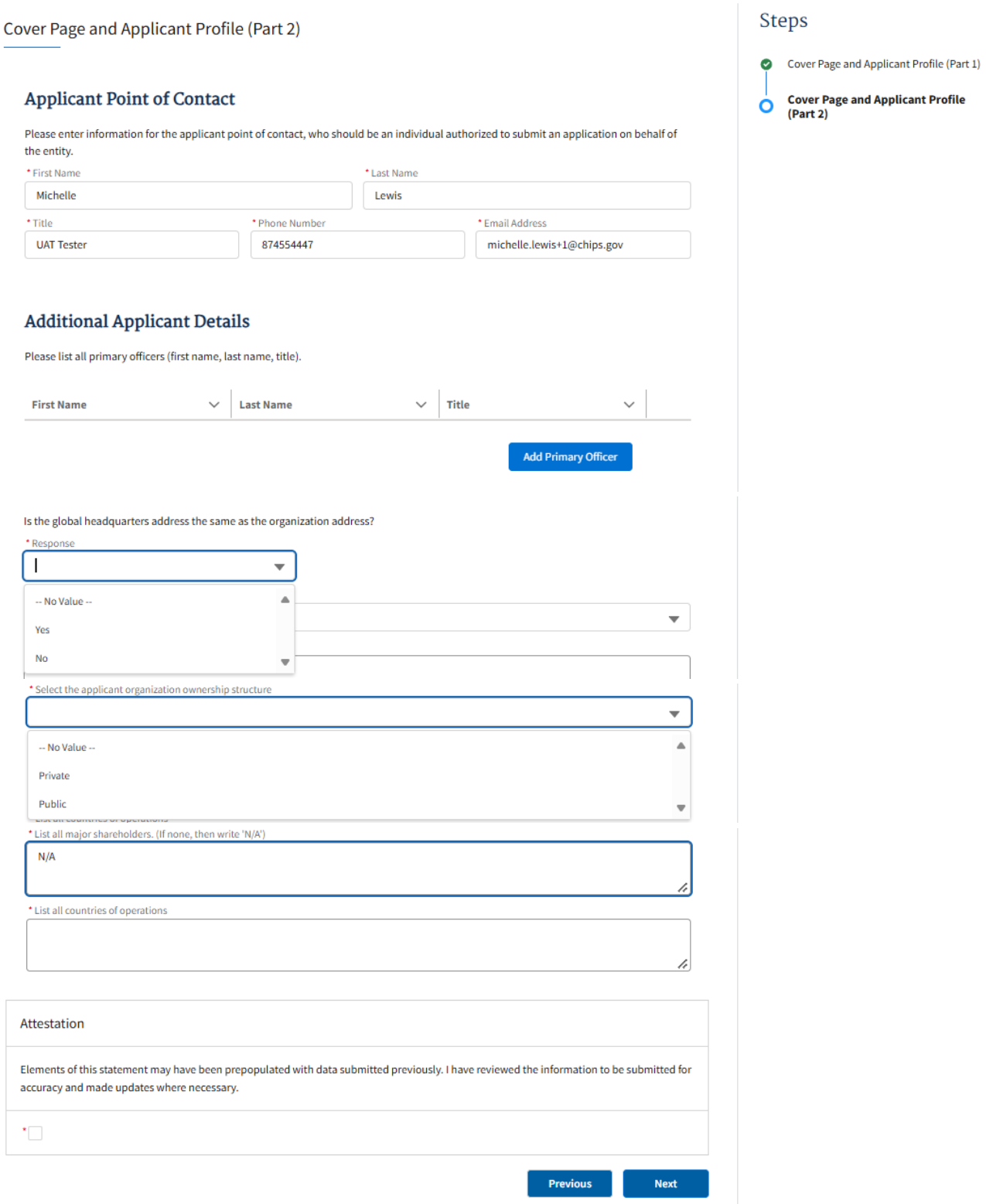
Next

Steps

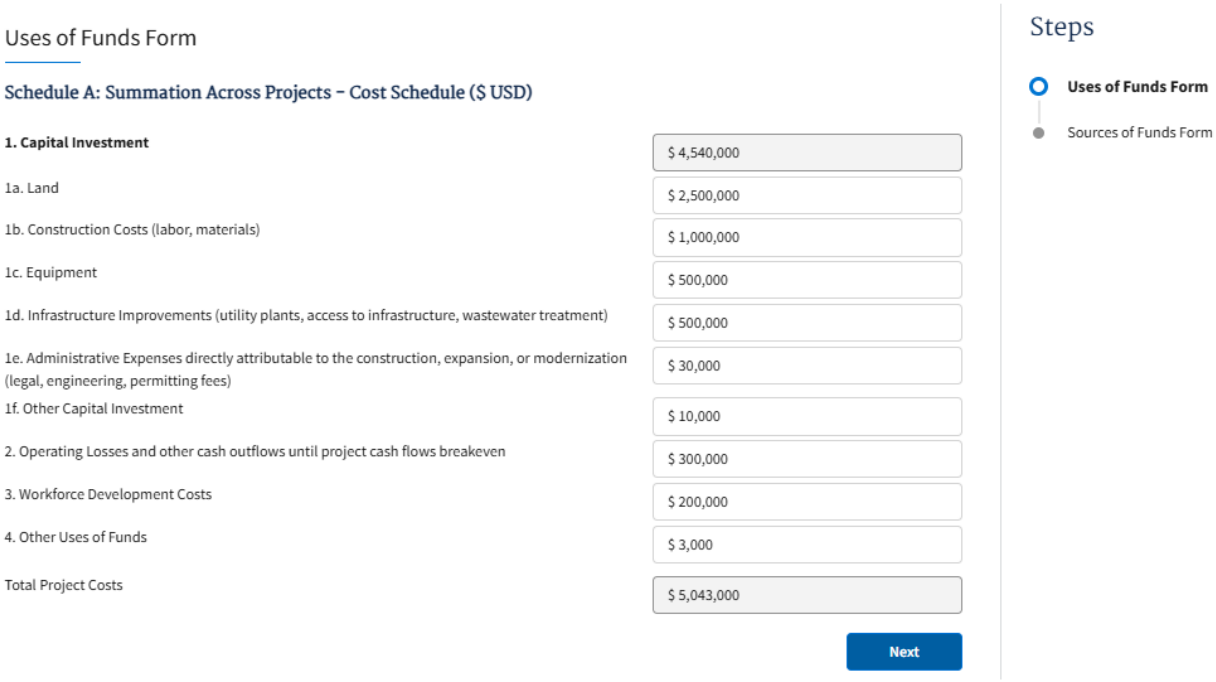
Cover Page and Applicant Profile (Part 1)

Cover Page and Applicant Profile (Part 2)

COVER PAGE AND APPLICANT PROFILE [WEB FORM]



SOURCES AND USES OF FUNDS [WEB FORM]



Uses of Funds Form

Schedule A: Summation Across Projects – Cost Schedule ($ USD)

1. Capital Investment	$ 4,540,000
1a. Land	$ 2,500,000
1b. Construction Costs (labor, materials)	$ 1,000,000
1c. Equipment	$ 500,000
1d. Infrastructure Improvements (utility plants, access to infrastructure, wastewater treatment)	$ 500,000
1e. Administrative Expenses directly attributable to the construction, expansion, or modernization (legal, engineering, permitting fees)	$ 30,000
1f. Other Capital Investment	$ 10,000
2. Operating Losses and other cash outflows until project cash flows breakeven	$ 300,000
3. Workforce Development Costs	$ 200,000
4. Other Uses of Funds	$ 3,000
Total Project Costs	$ 5,043,000

Next

Steps

- **Uses of Funds Form**
- Sources of Funds Form

SOURCES AND USES OF FUNDS [WEB FORM]

Sources of Funds Form

Schedule B: Summation Across Projects – Sources Schedule ($ USD)

1. Equity Funding	$ 50,000
1a. Sponsor Equity (applicant and/or corporate parent)	$ 50,000
1b. Third-Party Equity	$ 0
1c. Other Equity Funding	$ 0
2. Debt Funding	$ 1,000,000
2a. Sponsor Debt	$ 1,000,000
2b. Third-Party Debt (e.g., bonds or loans)	$ 0
2c. Other Debt Funding	$ 0
3. Government Support	$ 7,120,000
3a. Anticipated CHIPS Direct Funding Request	$ 5,000,000
CHIPS Incentives Request % of CAPEX	110.13 %
3b. Investment Tax Credit (estimated)	$ 120,000
3c. State and Local Government Incentives (grants + loans + tax credits)	$ 0
3d. Anticipated CHIPS Loan Request (if applicable)	$ 1,000,000
3e. Guaranteed portion of Third-Party Loans Expected to be Guaranteed by CHIPS Program (if applicable)	$ 1,000,000
4. Other Sources of Funds	$ 0
Total Project Funding	$ 8,170,000

Provide a CHIPS Incentives Justification, summarizing the CHIPS Incentives Request of the Financial Information section (see NOFO section IV.H.8) (max 1500 characters)

Write justification here

Total project funding should equal total project costs for the full application. Please explain why your total project funding does not equal your total project costs. (max 1500 characters)

Justification here

Attestation

Elements of this statement may have been prepopulated with data submitted previously. I have reviewed the information to be submitted for accuracy and made updates where necessary.

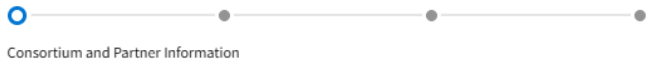
☑

Previous Next

Steps

- Uses of Funds Form
- **Sources of Funds Form**

PROJECT INFORMATION [WEB FORM]



Consortium and Partner Information

Consortium

Is the applicant part of a consortium?

* Response

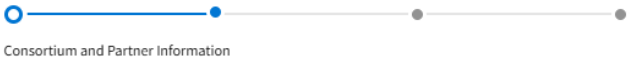
-- No Value --
Yes
No

Are there other entities (e.g. customers, suppliers, investors, advisor(s)) you anticipate partnering with in a meaningful way?

* Response

No

Next



Consortium and Partner Information

Consortium

Is the applicant part of a consortium?

* Response

No

Partnering Entities, if applicable

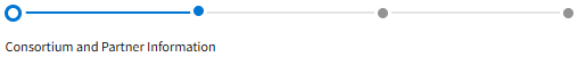
Are there other entities (e.g. customers, suppliers, investors, advisor(s)) you anticipate partnering with in a meaningful way?

* Response

No

Next

PROJECT INFORMATION [WEB FORM]



Consortium and Partner Information

Consortium

Is the applicant part of a consortium?

* Response

Yes

Do you have a consortium key from the concept plan phase?

* Response

-- No Value --

Yes

No

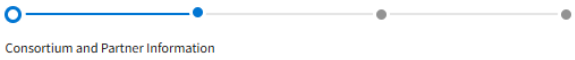
Pa

Are there other entities (e.g. customers, suppliers, investors, advisor(s)) you anticipate partnering with in a meaningful way?

* Response

No

Next



Consortium and Partner Information

Consortium

Is the applicant part of a consortium?

* Response

Yes

Do you have a consortium key from the concept plan phase?

* Response

No

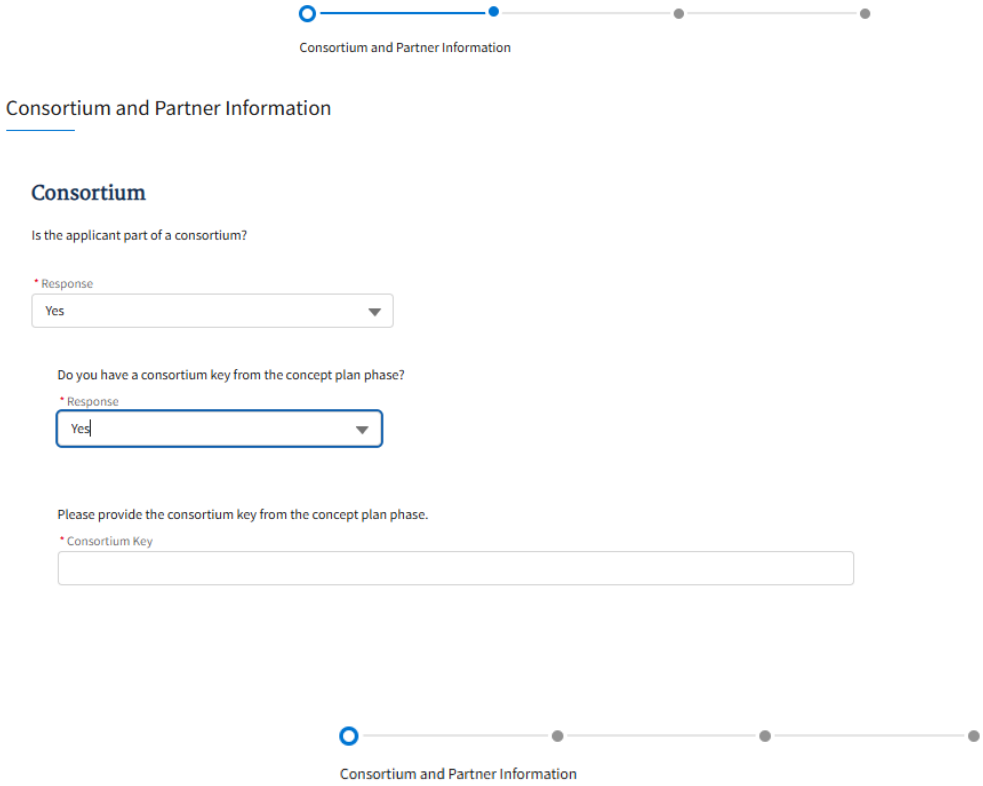
Please provide the consortium title.

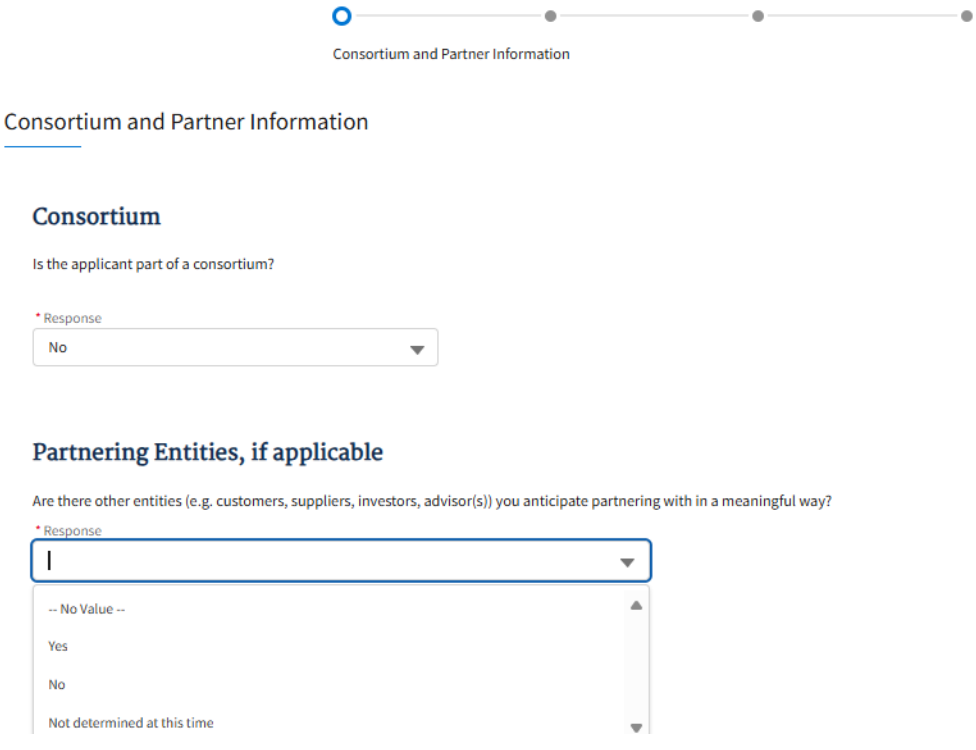
* Consortium Title

Please provide the consortium description.

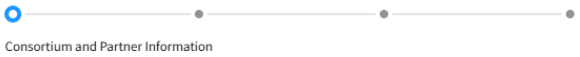
* Consortium Description

PROJECT INFORMATION [WEB FORM]





PROJECT INFORMATION [WEB FORM]



Consortium and Partner Information

Consortium

Is the applicant part of a consortium?

* Response

No

Partnering Entities, if applicable

Are there other entities (e.g. customers, suppliers, investors, advisor(s)) you anticipate partnering with in a meaningful way?

* Response

Not determined at this time

Next

Consortium and Partner Information

Consortium

Is the applicant part of a consortium?

* Response

No

Partnering Entities, if applicable

Are there other entities (e.g. customers, suppliers, investors, advisor(s)) you anticipate partnering with in a meaningful way?

* Response

Yes

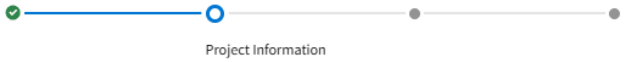
Please list each partner and describe their role in the project. (max. 1500 characters)

* Response

Partner list here

Next

PROJECT INFORMATION [WEB FORM]



Project Information

Organizations proposing multiple projects or facilities that are not co-located with one another should submit separate concept plans and applications per project location for consideration.

Site Location

* City	* State	* ZIP Code
Washington	District of Columbia	20010-0000

Attestation

Elements of this statement may have been prepopulated with data submitted previously. I have reviewed the information to be submitted for accuracy and made updates where necessary.

* ☑

Previous Next



Facility Information

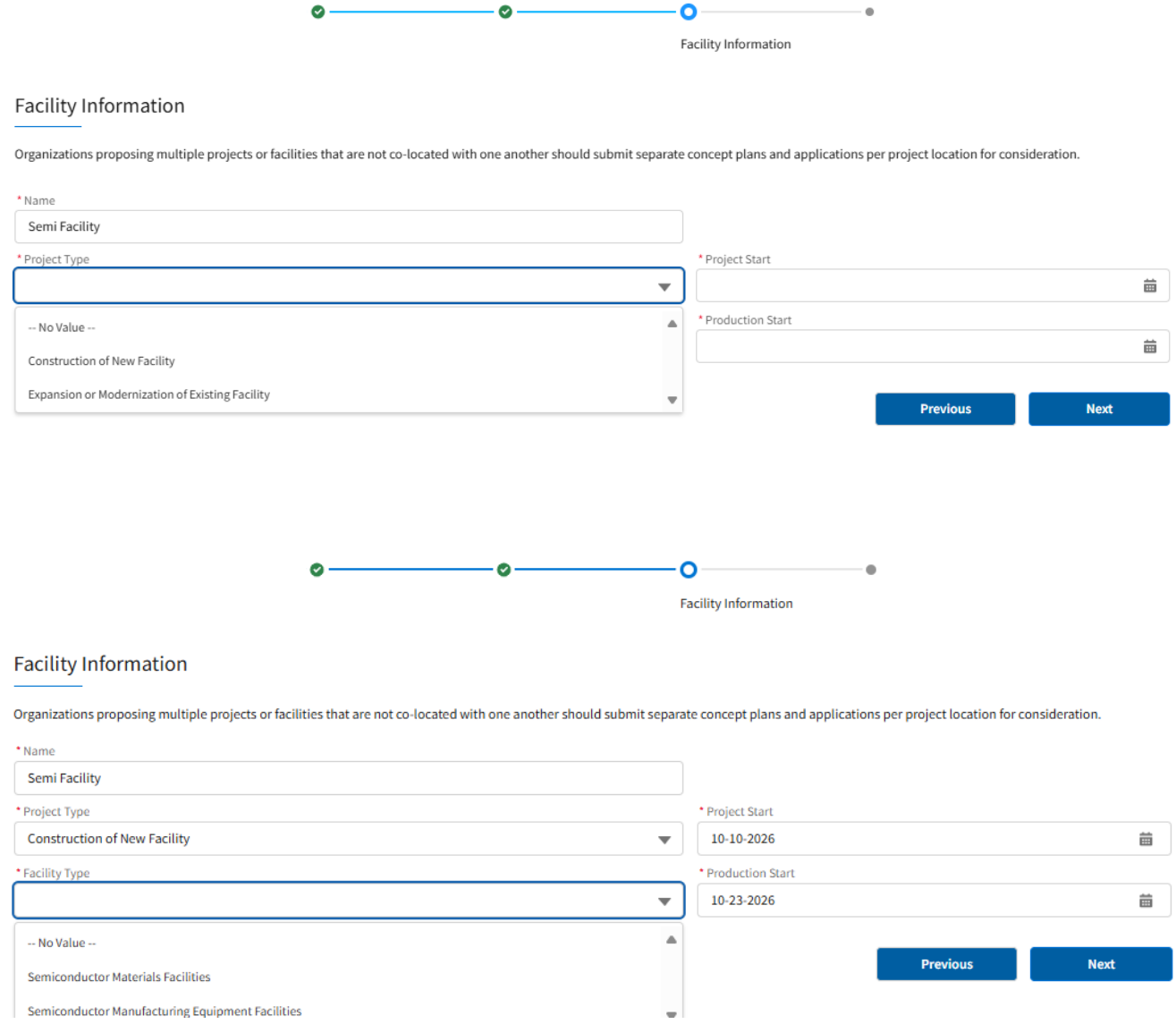
Organizations proposing multiple projects or facilities that are not co-located with one another should submit separate concept plans and applications per project location for consideration.

* Name: Semi Facility

* Project Type	* Project Start
Construction of New Facility	10-10-2026
* Facility Type	* Production Start
Semiconductor Materials Facilities	10-23-2026

Previous Next

PROJECT INFORMATION [WEB FORM]



PROJECT INFORMATION [WEB FORM]



Facility Information

A "facility" used in the context of this application refers to a semiconductor materials facility or semiconductor manufacturing equipment facility that will be constructed, expanded, or modernized as a result of this project. Please refer to the NOFO section I.B.1 for additional description of semiconductor materials or manufacturing equipment facilities covered by this NOFO.

Total Number of Facilities: 1

Name	Project Type	Facility Type	Number of Materials / Equipment Produced
Semi Facility	Construction of New Facility	Semiconductor Materials Facilities	1

EQUIPMENT

New

Equipment Type	Peak Monthly Capacity	Unit of Production	Cost Per Unit Of Production ($ U...	Projected Price per Unit ($ USD)	

MATERIALS

New

Material Type	Peak Monthly Capacity	Unit of Production	Cost Per Unit Of Production ($ U...	Projected Price per Unit ($ USD)	
Photoresists	10	1	$1,000.00		

Previous Next



Facility Information

A "facility" used in the context of this application refers to a semiconductor materials facility or semiconductor manufacturing equipment facility that will be constructed, expanded, or modernized as a result of this project. Please refer to the NOFO section I.B.1 for additional description of semiconductor materials or manufacturing equipment facilities covered by this NOFO.

Total Number of Facilities: 1

Name	Project Type	Facility Type	Number of Materials / Equipment Produced
Semi Facility	Construction of New Facility	Semiconductor Materials Facilities	1

EQUIPMENT

New

Equipment Type	Peak Monthly Capacity	Unit of Production	Cost Per Unit Of Production ($ U...	Projected Price per Unit ($ USD)	

* Equipment Type

--Select--

- Deposition
- Etching
- Lithography
- Wafer Slicing
- Inspection Systems
- Ion Implantation
- Diffusion/Oxidation Furnaces

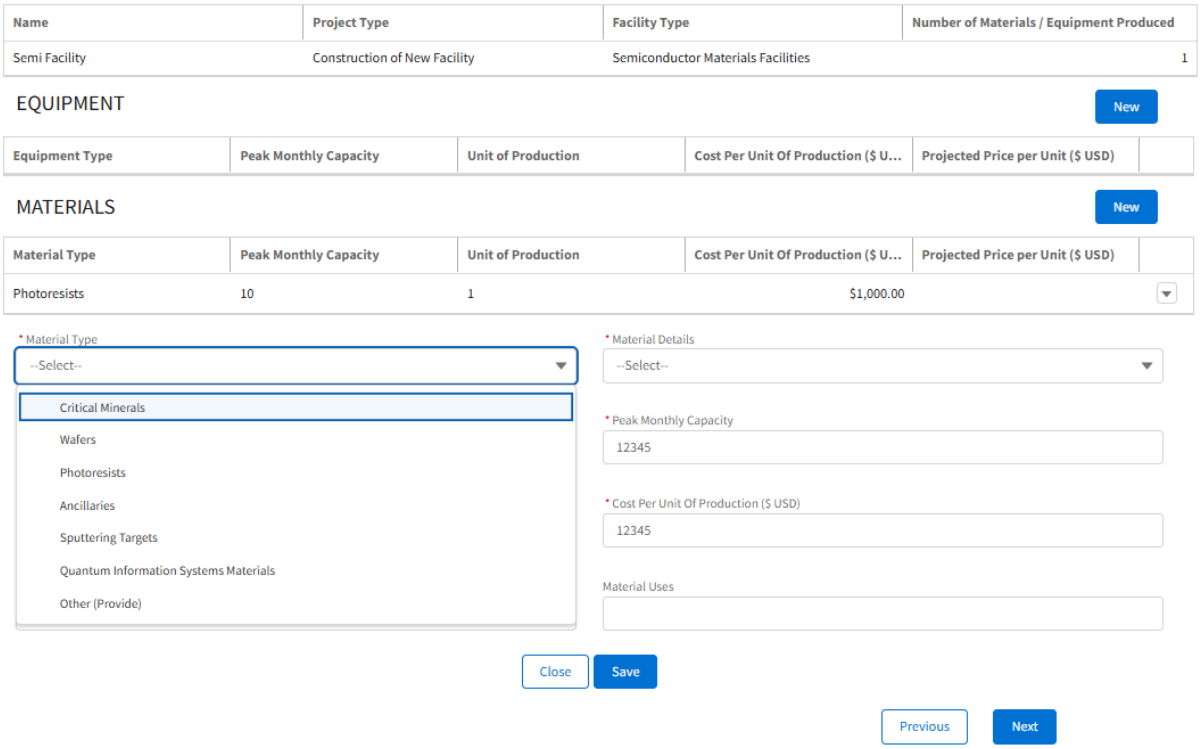
* Unit of Production

Projected Price per Unit ($ USD)

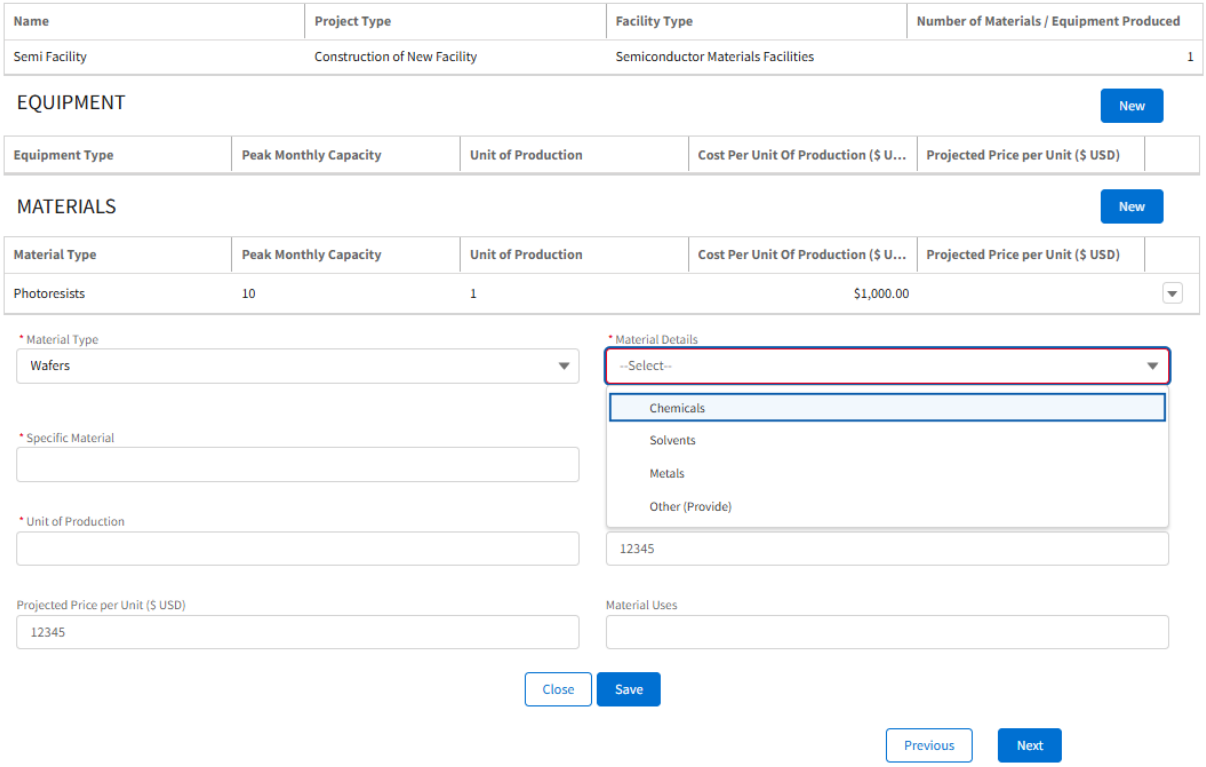
12345

Save

PROJECT INFORMATION [WEB FORM]



PROJECT INFORMATION [WEB FORM]



FULL APPLICATION UPLOADS

Full Application Narrative

View Confidentiality Statement

Consistent with the Notice of Funding Opportunity (NOFO) for the CHIPS Incentives Program – Facilities for Semiconductor Materials and Manufacturing Equipment, NIST will treat the submitted information as confidential business information (CBI). As a result, NIST will strive to protect the submitted information by applying controls commensurate with the FIPS-199 high for confidentiality level. Information that is populated in structured questions will automatically be labeled as Controlled Unclassified Information – confidential business information (CUI//PROPIN). When uploading free form documents, you are responsible for marking those documents for CBI. Please see the instructions and legend language set forth in the NOFO at section IV.C.2. Proper markings on all submitted information will assist the Department in ensuring protection from disclosure as provided by 15 U.S.C. 4652 (with certain exceptions) and Exemptions 3 and/or 4 of the Freedom of Information Act, 5 U.S.C. 552, as applicable. Please see section IV.C.1 of the NOFO for further information regarding confidentiality.

Submit a PDF attachment that provides the full application narrative. The full application narrative should be responsive to the program description (see section IV.H. of the NOFO) and the evaluation criteria (see section V.C of the NOFO). PDF should include a table of contents. Full application narrative must contain the following sections:

1. Description of Project (no more than 3 pages)
2. Applicant Profile
3. Alignment with Economic and National Security Objectives (no more than 10 pages)
4. Commercial Strategy (no more than 3 pages)
5. Financial Information (no more than 5 pages - excluding attachments and appendices)
6. Project Technical Feasibility (no more than 8 pages - excluding attachments to support details)
7. Workforce and Community Investment Plan

Required Upload – 1 PDF of the full application narrative indicating confidential pages in accordance with section IV.H.

Upload

Upload Files | Or drop files

FileName	Upload Date

Required Upload - 1 PDF of any covered incentive letters indicating the estimated size and nature of the incentive

Upload

Upload Files | Or drop files

FileName	Upload Date

Required Upload - 1 PDF of audited consolidated financial statements at fiscal year end for each of the last two years, and interim financial statements for the current fiscal year. If an applicant does not have access to audited consolidated financial statements, please upload an explanation for why not

Upload

Upload Files | Or drop files

FileName	Upload Date

Required Upload - 1 PDF of any letters of commitment from regional educational and training entities and institutions of higher education to provide workforce training, including programming for training and job placement of economically disadvantaged individuals

Upload

Upload Files | Or drop files

FileName	Upload Date

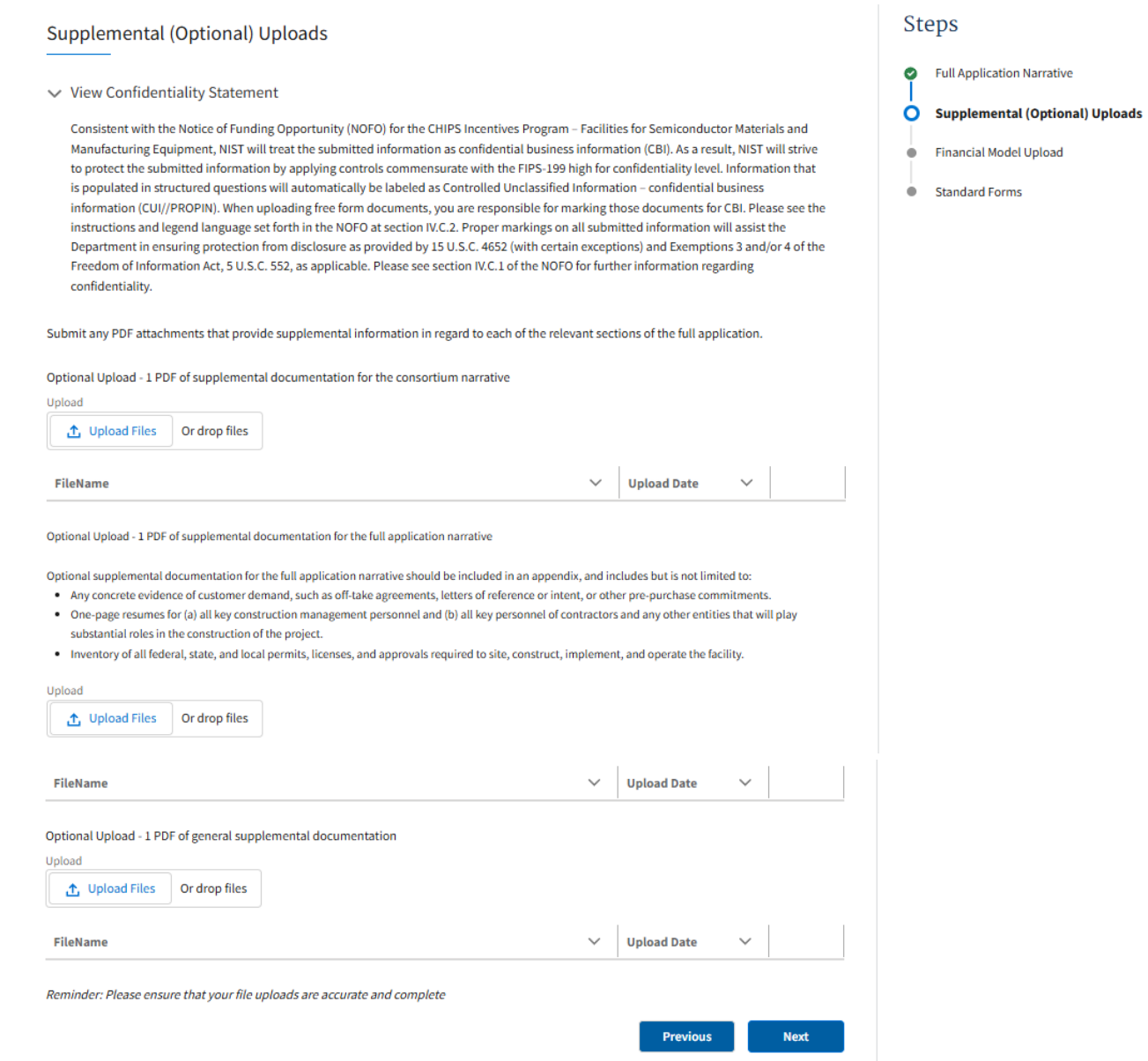
Reminder: Please ensure that your file uploads are accurate and complete

Next

Steps

- **Full Application Narrative**
- Supplemental (Optional) Uploads
- Financial Model Upload
- Standard Forms

FULL APPLICATION UPLOADS



Supplemental (Optional) Uploads

View Confidentiality Statement

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Submit any PDF attachments that provide supplemental information in regard to each of the relevant sections of the full application.

Optional Upload - 1 PDF of supplemental documentation for the consortium narrative

Upload

Upload Files Or drop files

FileName Upload Date

Optional Upload - 1 PDF of supplemental documentation for the full application narrative

Optional supplemental documentation for the full application narrative should be included in an appendix, and includes but is not limited to:

- Any concrete evidence of customer demand, such as off-take agreements, letters of reference or intent, or other pre-purchase commitments.
- One-page resumes for (a) all key construction management personnel and (b) all key personnel of contractors and any other entities that will play substantial roles in the construction of the project.
- Inventory of all federal, state, and local permits, licenses, and approvals required to site, construct, implement, and operate the facility.

Upload

Upload Files Or drop files

FileName Upload Date

Optional Upload - 1 PDF of general supplemental documentation

Upload

Upload Files Or drop files

FileName Upload Date

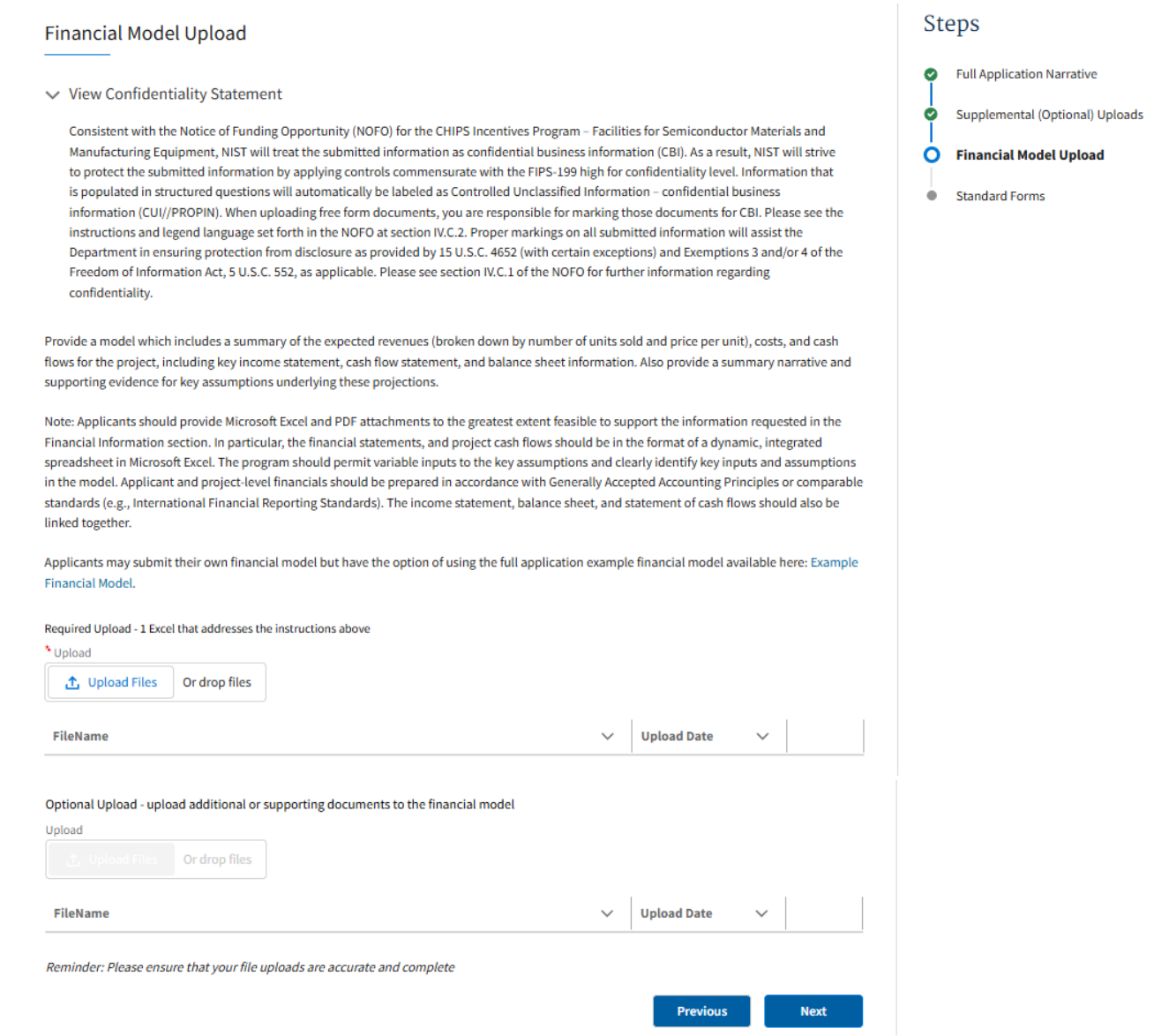
Reminder: Please ensure that your file uploads are accurate and complete

Previous Next

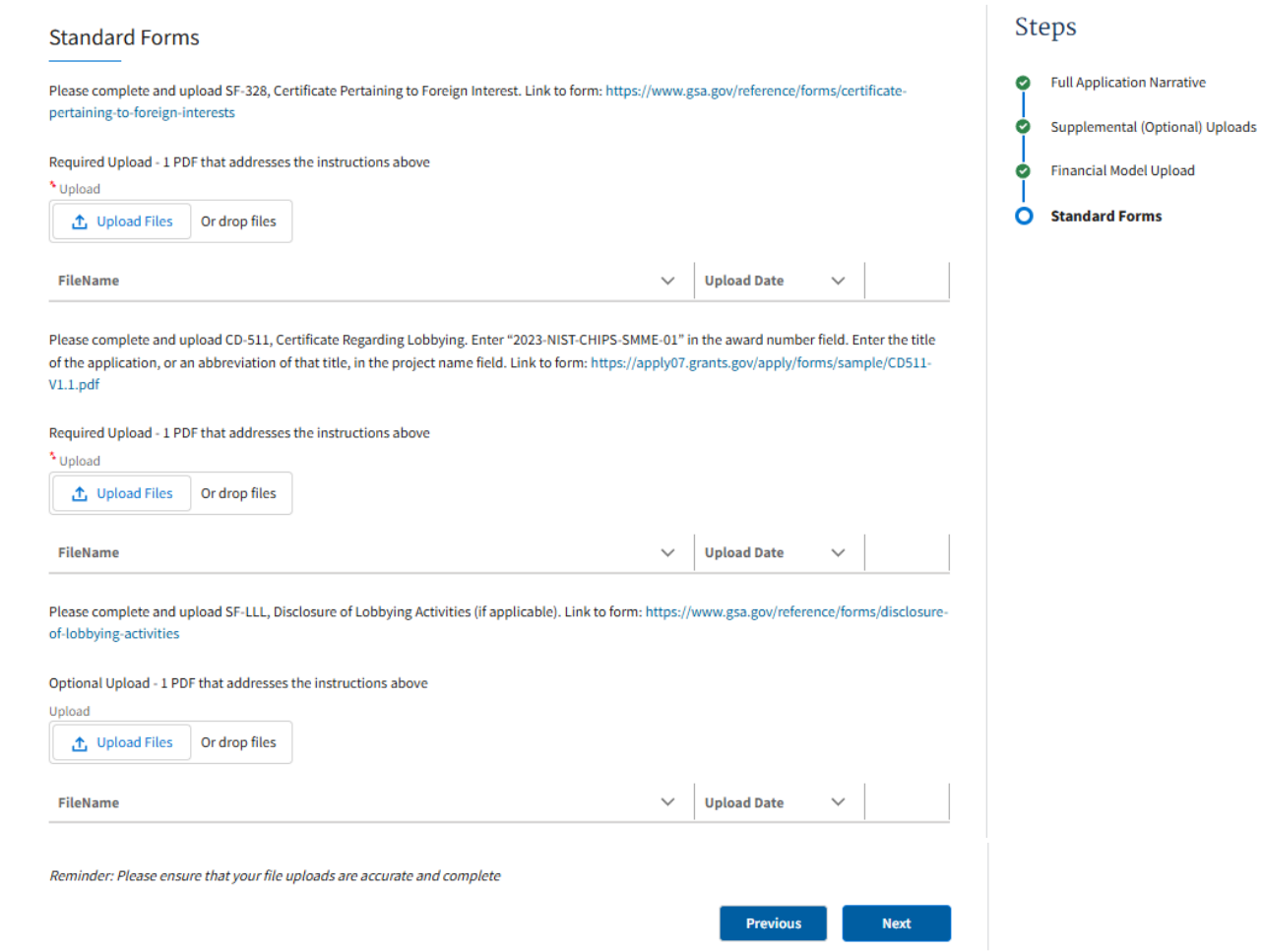
Steps

- Full Application Narrative
- **Supplemental (Optional) Uploads**
- Financial Model Upload
- Standard Forms

FULL APPLICATION UPLOADS



FULL APPLICATION UPLOADS



ELIGIBILITY QUESTIONS [WEB FORM]

Eligibility Questions

Please answer the following questions related to your eligibility for CHIPS Incentives Funding. If you have answered a question in your narrative uploads, provide reference to the document(s), section(s), and page number(s) in your answer here. If applying as part of a consortium with other applicants, you may work together to satisfy various statutory eligibility and other requirements.

Describe how you are a "covered entity". A covered entity means a private entity; a consortium of private entities; or a consortium of nonprofit, public, and private entities with a demonstrated ability to substantially finance, construct, expand, or modernize a facility relating to the fabrication, assembly, testing, advanced packaging, production, or research and development of semiconductors, materials used to manufacture semiconductors, or semiconductor manufacturing equipment.

Yes

Do you have a documented interest in constructing, expanding, or modernizing an eligible facility?

Yes

Have you been offered a covered incentive from a state or local jurisdiction where the project is located, for the purposes of attracting the construction, expansion, or modernization of the facility?

Yes

Have you made commitments to worker and community investment, including through training and education benefits paid by the covered entity and programs to expand employment opportunities for economically disadvantaged individuals?

Yes

Have you secured commitments from regional educational and training entities and institutions of higher education to provide workforce training, including programming for training and job placement of economically disadvantaged individuals?

Yes

Do you have an executable plan to sustain the facility without additional funding from the CHIPS Incentives Program?

Yes

Have you documented your workforce needs and produced a strategy to meet such workforce needs?

Yes

Have you determined the types of semiconductor technology you will produce at the proposed facility, and the customers, or categories of customers, to whom the items will be sold?

Yes

Do you have an executable plan to identify and mitigate relevant semiconductor supply chain security risks, such as risks associated with access, availability, confidentiality, integrity, and a lack of geographic diversification in your supply chain?

Yes

Next

Steps

- **Eligibility Questions**

ATTESTATION AND SUBMISSION [WEB FORM]

Attest and Submit

The CHIPS Program Office (CPO) recognizes the importance of protecting confidential business information and will follow all applicable laws to protect such information, including, for example, the CHIPS Act, the Trade Secrets Act, and the Freedom of Information Act. Please refer to section IV.C of the CHIPS Incentives Program – Facilities for Semiconductor Materials and Manufacturing Equipment Notice of Funding Opportunity (CHIPS-SMME-01 NOFO) for a further discussion of these laws.

Steps

- **Attest and Submit**
- Generate PDF
- Confirmation

Attestation

The individual submitting the full application certifies on behalf of the applicant entity that the applicant information and data submitted and the representations made in the full application are true, complete and accurate, to the best of the applicant's knowledge and belief after due inquiry.

* ☐

Attestation

The individual submitting the full application certifies on behalf of the applicant that the applicant understands that CPO and the Department of Commerce will rely on the accuracy and completeness of the applicant information and data submitted and the representations made in the full application and that any false, fictitious or fraudulent statement or representation made in the full application may be the basis for rejection of the full application or subject the applicant to criminal, civil, or administrative penalties pursuant to 18 U.S.C. 1001.

* ☐

Attestation

The individual submitting the full application certifies on behalf of the applicant that the applicant understands that any applicant information and data contained in the full application may be accessed and used by federal employees, consultants and contractors in accordance with CHIPS-SMME-01 NOFO, section IV.C. (Confidential Information).

* ☑

Attestation

The individual submitting the full application certifies that they possess the full legal power and authority to submit the full application and make the preceding certifications on behalf of the applicant.

* ☑

Attestation

The individual submitting the full application agrees that neither the applicant entity nor any of its affiliates may issue any press release or otherwise publicly disclose the status of the full application or the contents of any communications with CPO or the Department of Commerce without CPO's prior written consent.

☑

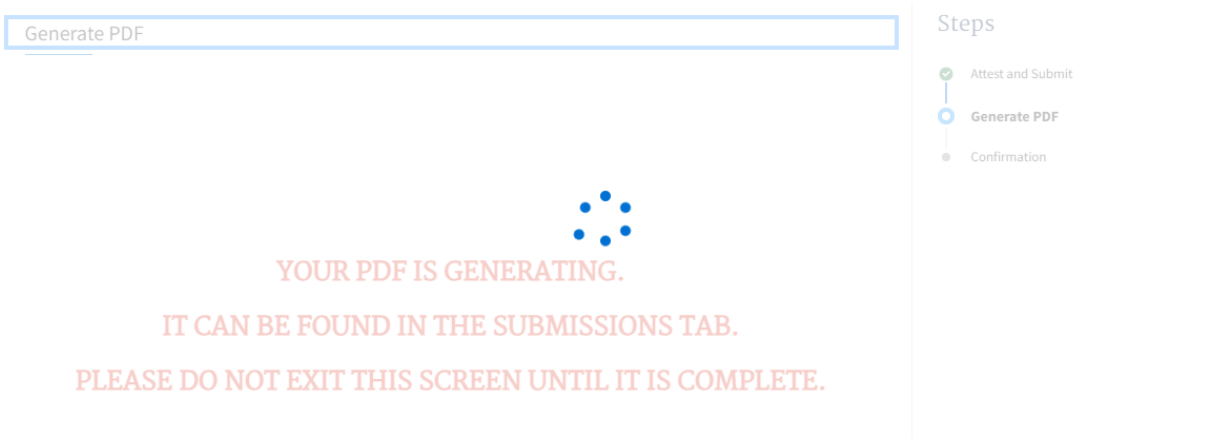
Attestation

The individual submitting the full application certifies that they possess the full legal power and authority to bind the applicant.

* ☑

Michelle Lewis
UAT Tester
MOL1 TESTING 1

Next


Generate PDF
Steps
Attest and Submit
Generate PDF
Confirmation
YOUR PDF IS GENERATING.
IT CAN BE FOUND IN THE SUBMISSIONS TAB.
PLEASE DO NOT EXIT THIS SCREEN UNTIL IT IS COMPLETE.


Confirmation
Your document has been generated and can be found in the Submissions tab.
Finish
Steps
Attest and Submit
Generate PDF
Confirmation


Full Application
OMB Control Number: 0693-0097
Expiration Date: 11/30/2026
(The above date is not the submission deadline.)
View Burden Statement
Acknowledgement [Web Form]
SECTION STATUS
Submitted
Submitted
Cover Page and Applicant Profile [Web Form]
SECTION STATUS
Submitted
Submitted
Sources and Uses of Funds [Web Form]
SECTION STATUS
Submitted
Submitted
Project Information [Web Form]
SECTION STATUS
Submitted
Submitted
Full Application Uploads
SECTION STATUS
Submitted
Submitted
Eligibility Questions [Web Form]
SECTION STATUS
Submitted
Submitted
Attestation and Submission [Web Form]
SECTION STATUS
Submitted
Submitted