



Missouri Department of Economic Development

MICHAEL L. PARSON
Governor

ROBERT B. DIXON
Director

Show Me Strong Personal Protective Equipment (PPE) Retooling Program Project Impact Report

Please submit this document on or before July 1, 2021.

APPLICANT BUSINESS NAME: _____

FACILITY LOCATION: _____

USE OF GRANT FUNDS (Check all that apply):

- Retooling a facility
- Purchasing equipment
- Constructing facilities
- Complying with U.S. Food and Drug Administration (FDA) requirements
- Building costs
- Design/engineering costs
- Technological upgrades for machinery
- Other costs as approved by DED and as reasonably necessary to increase production of needed PPE

TYPE OF PPE PRODUCED (Check all that apply):

TIER 1:

- N95 Respirators
- Medical Examination Gloves
- Disinfectant Wipes
- Isolation Gowns
- Testing Swabs
- Other, as approved by DED _____

TIER 2:

- Face Shields
- Gel Hand Sanitizer
- Surgical Masks | Procedure Masks
- Infrared Thermometers Temporal
- Human Remains Pouches (HRPs)
- Eye Protection/Goggles
- Boot Covers
- Medical Aprons
- Powered Air Purifying Respirator (PARP)
- Chemical and Biohazard Resistant Suits
- Biohazard Bags
- Other, as approved by DED _____

BUSINESS IMPACT:

How many new full time employees have been created as a result of this program? _____

How many full time employees have been retained as a result of this program? _____

Did you expand your facility to produce PPE? Yes No

If yes, please describe how:

Did you add a new production line to your manufacturing process? Yes No

If yes, please describe:

Has payroll increased at the Missouri facility as a result of this program? Yes No

If yes, by how much? \$_____

On what date did you begin producing PPE? _____

If you are not currently producing PPE, please explain:

Was the PPE produced at a Missouri Facility? Yes No

If no, please explain:

Has your production plan changed since the project approval?

Yes No

If yes, please explain:

Please explain any challenges in executing your production plan:

What was the total quantity of PPE produced through June 30, 2021?

If producing more than one type of PPE, please include amounts for each:

PPE #1 _____ Quantity _____

PPE#2 _____ Quantity _____

PPE#3 _____ Quantity _____

What is the anticipated quantity of PPE to be produced July 1, 2021 – June 30, 2022?

If producing more than one type of PPE, please include amounts for each:

PPE #1 _____ Quantity _____

PPE#2 _____ Quantity _____

PPE#3 _____ Quantity _____

Has your business obtained FDA approval if required to produce PPE?

Yes No

If steps to obtain FDA approval are still being undertaken, please date and describe any steps:

Has your business registered to participate on the Missouri PPE Marketplace? Yes No

If yes, what is the total amount of PPE sold as a result of registering on the Missouri PPE Marketplace?

If producing more than one type of PPE, please include amounts for each:

PPE #1 _____ \$ _____

PPE#2 _____ \$ _____

PPE#3 _____ \$ _____

Has your business sold PPE to Missouri customers? Yes No

If yes, what is the total amount of PPE sold to Missouri customers?

If producing more than one type of PPE, please include amounts for each:

PPE #1 _____ \$ _____

PPE#2 _____ \$ _____

PPE#3 _____ \$ _____

Please list the measures you are taking to sell PPE within Missouri:

Have you identified customers outside of Missouri? Please explain.

Do you require any assistance identifying PPE buyers? Yes No

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Signature instructions:
To digitally sign this application, please use the "Fill & Sign" function in Adobe Reader or Adobe Acrobat. Click the Sign icon in the toolbar. Then type your name, draw your signature, or select an image of your signature. Place the text or image in the signature box above.
Please note: for the purposes of this application, a digital signature is the equivalent of a written signature.

I acknowledge that this signature serves as an equivalent to a normal written signature.

