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| **Preliminary Application** |
| **Primary Information** |
| Date of Application: |
| Applicant Name: |
| Street Address:Postal Address: |
| Telephone: Fax: |
| Cell Number: Email: |
| Project/Company Name: Web Site Address (if applicable) |
| **Project/ Company Information** |
| Describe your products or services? |
| Describe the market for your products or services? |
| How will your product or service generate revenue? |
| Do you have a team in place for your business? [ ] Yes [ ] NoIf yes, please provide names and positions: |
| Do you have a business plan? [ ] Yes [ ] No |
| Did you establish a company? [ ] Yes Date of Incubation: [ ] No  |
| Major Partners/ Shareholders |
| What is the current stage of development of your product or service offering?[ ] Idea [ ] Ready to Launch[ ] Development [ ]  Being Sold |
| Did you start generating any revenue? [ ] Yes [ ] NoIf no, how much time does your business need to start generating revenue? |
| **Logistical Needs** |
| Are you interested in locating your business at the Incubator? [ ]  Yes [ ] NoIf yes, how many team members do you expect to have?Now: After 6 months: After 12 months: |
| **Support Needs** |
| Are you interested in benefiting from the support services at the Incubator?If yes which of the following services are of interest to you?Strategy Planning [ ] Yes [ ] NoFinancial Planning [ ] Yes [ ] NoContacts and Introductions [ ] Yes [ ] NoPartnerships Development [ ] Yes [ ]  NoFund Raising [ ] Yes [ ] No Recruitment [ ] Yes [ ] NoMarketing Services [ ] Yes [ ] NoLegal Services [ ] Yes [ ] NoAccounting Services [ ] Yes [ ] No |
| **Funding Needs** |
| Have you raised any funding for your company? [ ] Yes [ ] No |
| Do you plan to raise any funding for your company? [ ] Yes [ ] No |
| **General** |
| If you were referred to us, please provide a short explanation here. |
| **Other** |
| Please include any comments or further information that you wish to communicate to us. |