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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 No  If 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 No  If 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 No  If 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 No  Financial Planning Yes No  Contacts and Introductions Yes No  Partnerships Development Yes  No  Fund Raising Yes No  Recruitment Yes No  Marketing Services Yes No  Legal Services Yes No  Accounting 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. |