



Innovation Center Introduction

Incubator Applicant:

We are excited to learn more about you and your business and discuss with you the possibility of becoming a tenant in our new small business incubator, the Greater Binghamton Innovation Center.

Before we can determine which companies best fit the incubator, we need you to fill out the attached application form. We realize our applicants are at varying degrees of progress in their quest to launch a new business. Please do not be deterred by some of the questions. Simply do the best you can with the information that you have available.

We will review the information with our project team members and contact you for additional information as needed.

If you are looking for assistance in creating a business plan, you are encouraged to contact our partners at SCORE. They are "Counselors to America's Small Business". For your convenience, their local office is located at the Greater Binghamton Chamber of Commerce in the Metro Center in Downtown Binghamton. They can be reached at 607-772-8860.

If you have any questions, please contact Darcy Fauci, Broome County Economic Development, at 607-778-2939. When the application is completed, it should be returned to Broome County Economic Development, PO Box 1766-6th Floor, Edwin L. Crawford County Office Building, Binghamton, NY 13901.

Sincerely,

Greater Binghamton Project Management Team

Application continued on next page.



Innovation Center Application

Name of Business _____

Contact _____ Title _____

Street Address _____ Email _____

City, State, Zip _____ Fax _____

Business/Mobile Phone _____ Home Phone _____

Social Security Number _____ Drivers License Number/State _____ / _____

U.S. Citizen Yes No

If No, what is your status? _____

1. Is your business:
New Existing Since _____

2. Form of Business: (Check one)
Partnership Sub "S" Corporation
Corporation Sole Proprietor
Limited Liability Other _____

3. Describe your business, its products and services, and the technology on which it is based.

4. Describe the activities to be undertaken at the Innovation Center.

5. Estimate the investment to date in the business and source of funds:

\$0 - \$50,000 \$50,000 - \$100,000

\$100,000 - \$150,000 \$Over \$150,000

6. Identify the source(s) of this investment to date.

7. Describe your company's stage of development (Check one)

Idea/Concept

Marketing Product/Service

Product/Service Development

8. Is the company licensed to do business in New York?

Yes

No

9. What revenues from sales have been made to date? \$ _____

10. If sales revenues have been made, who are your major customers?

11. If your company is other than a sole proprietor, list all individuals that will serve as your company's Officers and Directors, (additional names may be submitted on a separate page) including their position qualifications and background.

Name _____ Position _____
Street Address _____ City, State, Zip _____
Phone _____ Background/Experience _____

Activity in daily operations _____

Name _____ Position _____
Street Address _____ City, State, Zip _____
Phone _____ Background/Experience _____

Activity in daily operations _____

Name _____ Position _____
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Activity in daily operations _____

Name _____ Position _____
Street Address _____ City, State, Zip _____
Phone _____ Background/Experience _____

Activity in daily operations _____

12. Have any Officers or Directors ever been convicted of a crime?

Yes

No

If yes, explain. _____

13. Does your company have any past or pending lawsuits?

Yes

No

If yes, explain. _____

14. Estimate the total number of employees (including principals) anticipated.

At the time of occupancy: Full Time _____ Part Time _____

One year later: Full Time _____ Part Time _____

Two years later: Full Time _____ Part Time _____

Three years later: Full Time _____ Part Time _____

15. Does the company utilize outside professional advisors (i.e., accountants, lawyers, etc.)?

Yes

No

If Yes, please list below:

16. Please check and describe the services you will be seeking from the Innovation Center.

Accounting	<input type="checkbox"/>	
Computer Assistance	<input type="checkbox"/>	
Financial Assistance	<input type="checkbox"/>	
Legal	<input type="checkbox"/>	
Marketing Assistance	<input type="checkbox"/>	
Product Assistance	<input type="checkbox"/>	
Technology Assistance	<input type="checkbox"/>	
Management	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

17. Estimate the square footage required to conduct your business:

1st year Office _____ Manufacturing _____ Other (describe) _____
 2nd year Office _____ Manufacturing _____ Other (describe) _____
 3rd year Office _____ Manufacturing _____ Other (describe) _____

18. Does your on-site operation involve the use or production of hazardous material?
 Yes No

Market Potential

19. Do you have a marketing plan? (If Yes, include with application.) Yes No

20. Is there a working prototype of your product or service? Yes No

21. Can your product or service be patented? Yes No

22. Must you obtain any regulatory approvals for your product or service?
 Yes No

23. How long has it taken to develop your product or service?

24. Describe the target market for your product or service.

25. Describe your product's advantage. How does your product or service answer the needs of your target market and what makes it better than your competitor's product or services?

26. List your competitors (names and website URLs). _____

27. Have you performed a thorough cost analysis of producing a single unit of your product or service? (If Yes, include with application.) Yes No

Operations

28. Do you require any specialized equipment or facilities? (If Yes, please describe below.) Yes No

29. If you answered Yes to question #28 above, do you plan to purchase or lease this equipment? Lease Purchase

30. Do you plan to outsource any portion of your product or service operations? If Yes, please describe below. Yes No

Risk Factors

31. Briefly describe potential factors that may impact your company. Below are some common risk factors, though all may not apply to your business. Use back of this page or a separate page if necessary.

a. Economic (i.e., inflation, recession, interest rates, etc.)

b. Financial

c. Regulatory

d. Competitors

e. Product Development

f. Management Team

g. Other

32. In addition to the application, please attach the following documents to your application:

h. Resumes of the principals involved.

i. Business Plan (including financial statements and projections)

My signature below certifies that all of the information contained in this application is true and complete. I authorize the Greater Binghamton Innovation Center to verify information contained in this application by contacting bank, trade or other credit sources.

Signature

Date