

FREDERICK INNOVATIVE TECHNOLOGY CENTER, INC. (FITCI)

INCUBATOR APPLICATION

Rosenstock Hall at Hood College, Frederick, MD

DATE: _____

COMPANY INFORMATION

1.) Business Name: _____

2.) Current Address : _____

3.) Telephone Number(s): _____

4.) Fax Number: _____

5.) Web site: _____

6.) Applicant(s) name:

a. _____ Title _____

Tel. _____ Email : _____

b. _____ Title _____

Tel. _____ Email _____

7.) Description of Business and Products or Services Offered. Please indicate your stage of development (conceptual, research, prototype, ready to launch, etc.):

8.) Technology Focus: _____

9.) Federal ID Number: _____

10) Date of establishment of Business: _____

11.) Current and expected number of employees:

Current _____ 1 Year _____ 3 Years _____

12) Type and Square Footage of Office and/or Lab Space Required:

Office: _____ square feet

Lab: _____ square feet

13) For prospective lab tenants: The FITCI laboratories will be BioSafety Level (BSL) 2.

Will your work involve bodily fluids or blood research? (yes/no) _____

Will your work require BSL3 or BS 4 facilities? (yes/no) _____

If yes to either, please provide details: _____

14) Special Facility Requirements (electrical, ventilation, floor load, hazardous waste disposal etc.):

15) Internet Service Needs: _____

16.) Target Date for Locating at FITCI at Hood College:

17.) Provide 3 business references, with address/ telephone number (if available):

1) _____

2) _____

3) _____

MANAGEMENT TEAM:

1.) Please list the executives who will be responsible for the company's daily business operations at the FITCI at Hood College (include resumes if available):

A) Name: _____

Position: _____

Job Description: _____

Prior Experience: _____

B) Name: _____

Position: _____

Job Description: _____

Prior Experience: _____

2.) Would your company be interested in taking advantage of limited consulting services provided through FITCI in any of the following areas?

Accounting _____

Legal _____

Marketing Consultant _____

Financial Consultant _____

Computer Consultant _____

Other: _____

3.) A Business Plan is required with application. Do you need assistance developing a Business Plan? Yes ____ No ____

FINANCING ACTIVITIES:

1.) Is the company currently seeking outside funding: Yes _____ No _____

If yes, please list:

- a. Source(s)
- b. Funding amount (s)
- c. Expected date of outcome(s)

2.) Please indicate the funding desired in addition to above:

Next Twelve Months \$ _____

Next Three Years \$ _____

Next Five Years \$ _____

3.) Please identify additional funding sources and the amount of funding expected:

Owners _____

Venture Capital _____

Banks _____

Government Grants _____

Other _____

Signature: _____

Print Name: _____

Date: _____

NOTE: Please attach the company's Business Plan, Financial Statements, Brochures and any other relevant information. This application will not be reviewed without the appropriate financial data.

Please submit application to: applications@fitci.org