



**APPLICATION FORM**

*Save form and email to [info@fitci.org](mailto:info@fitci.org) when complete or click SUBMIT below.*

Date:

Business Name:

Current Address:

Telephone Number(s):

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**ONLINE PRESENCE**

Website:

LinkedIn:

Facebook:

Twitter:

Instagram:

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**APPLICANT(S)**

1. Name:

Title:

Tel:

Email:

2. Name:

Title:

Tel:

Email:

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**DESCRIPTION OF BUSINESS AND PRODUCTS/SERVICES OFFERED**

Include a description which can be used for advertisement of your business. Please indicate your stage of development (conceptual, research, prototype, ready to launch, etc.):

Technology focus:

Federal ID number:

Date of establishment of business:

Current and expected number of employees:

Current:                      Year 1:                      Year 3:

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

Office:                                      square feet

Lab:    square feet

**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 BSL 4 facilities? Yes    No

If yes to either, please provide details:



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

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**ADDITIONAL INFORMATION**

Target date for locating at FITCI:

Provide 3 business references, with email and telephone number:

1) Name:

Email:

Phone:

2) Name:

Email:

Phone:

3) Name:

Email:

Phone:

**MANAGEMENT TEAM**

Please list the executives who will be responsible for the company's daily business operations:

1) Name:

Position:

LinkedIn URL:

Prior Experience:



2) Name:

Position:

LinkedIn URL:

Prior Experience:

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**FINANCING ACTIVITIES:**

Is the company currently seeking outside funding: Yes          No

If yes, please list:

Source(s):

Funding amount(s):

Expected date of outcome(s):

Please indicate the funding desired in addition to above:

Next Twelve Months:          \$

Next Three Years:          \$

Next Five Years:          \$

Please identify additional funding sources and the amount of funding expected:

Owners:

Venture Capital:

Banks:

Government Grants:

Other:



**OTHER INTEREST/CLIENT SERVICES**

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

Accounting:                    Yes            No

Legal:                            Yes            No

Marketing Consultant: Yes            No

Financial Consultant: Yes            No

Computer Consultant: Yes            No

Other:                            Yes            No

A Business model and presentation, if already developed, is required with application.

Do you need assistance developing a Business Plan?    Yes            No

Signature:

Print Name:

Date:

*Please attach:*

- Logo
- Business Mode/Plan
- Financial Statements
- Brochures
- Any other relevant information