

## APPLICATION FORM

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

The Technology Incubator was established to assist early stage technology ventures in the Fargo-Moorhead area (North Dakota and Northern Minnesota). Its services range from business coaching/ mentoring to professional, educational and capital resources that can assist you with growing your business. Please answer the following questions (and provide the requested information) so your application can be evaluated and the appropriate support package can be developed to meet your needs.

1. Is this new business affiliated (as a subsidiary division) with established business?  Yes  No  
If yes, name of parent business: \_\_\_\_\_
2. How long have you been in the business? \_\_\_\_\_
3. Are you pursuing this business on a:  Full Time  Part Time \_\_\_\_\_ hrs/Wk basis?
4. How many people (including yourself) are employed in the business? \_\_\_\_\_
5. At what stage of development are the products or services you wish to market through your business?  
 Pre-Concept Stage       Saleable Products/Services Stage  
 Concept Stage       Other (please specify) \_\_\_\_\_  
 Prototype Stage
6. Do you have a completed business plan for this venture?  Yes  No (If No, do you have a well developed concept paper for this venture?)  Yes  No (If Yes to either question, please submit it along with your application)
7. Do you have a management team established for this venture?  Yes  No  
If yes, which areas of expertise does the management team possess?  
 Prior experience with the product or service being developed by the venture  
 Technical expertise necessary to develop the product service  
 Small business management expertise  
 Operations  Accounting  Finance  
 Marketing/ Sales expertise in the industry (or related industry) in which the product or service is to be sold  
 Prior experience in raising capital for a new venture
8. Please identify the industry sector or sectors that would best characterize your business and indicate the percent of business in each sector.  
 Biosciences \_\_\_\_\_ %     Other: \_\_\_\_\_ %  
 Advanced Manufacturing \_\_\_\_\_ %     Other: \_\_\_\_\_ %  
 Information Technology \_\_\_\_\_ %     Other: \_\_\_\_\_ %  
 Advanced Materials \_\_\_\_\_ %     Other: \_\_\_\_\_ %
9. Please provide a brief description of your challenges or need (50 words or less). If you are unsure, please check the following.  Unsure

\_\_\_\_\_  
\_\_\_\_\_



10. What are the critical business objectives for the next 3 months?

---



---

11. In general terms, what are the business goals for year one?

---



---



---

12. In general terms, what are the business goals for year two?

---



---



---

13. Approximately, how much space (offices, lab, manufacturing space, special requirements, etc) do you require now?

---



---

Please identify the type of assistance you are seeking (please check both the topic area and the urgency of your need):

	Very Urgent	Somewhat Urgent	Not Urgent
<input type="checkbox"/> General Business Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Market Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Marketing /Sales - Domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Marketing /Sales - International	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Plan Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intellectual Property Support (e.g. patents, trademark, copyright, licenses, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Contract Development and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Corporate Formation and Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> International (e.g. contract support, formation, intellectual property, corporate import/export etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Accounting Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Financial Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Management/Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Management Team Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Urgent	Somewhat Urgent	Not Urgent
<input type="checkbox"/> Educational Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Technical Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Product Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access to engineers, scientists, programmers, designers, etc to assist in product development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access to specialized components (e.g. sensors, chips, switches, transmitters, batteries, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Manufacturing /Production Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Building a prototype	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Solving a problem in your production process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Locating a company to manufacture your product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Locating equipment you can use to manufacture your product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Locating a company to test your product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Locating equipment you can use to test your product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Financing (Debt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Financing (Equity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Are you willing to disclose sufficient information about your business to allow our staff and its advisors to properly assess your needs and develop the appropriate support package? Yes No

15. Do you have funds budgeted to pay for these services? Yes No

16. How do you hear about the Technology Incubator?

- Accountant \_\_\_\_\_
- Attorney \_\_\_\_\_
- Financial Institution \_\_\_\_\_
- Consultant \_\_\_\_\_
- Business Associate \_\_\_\_\_
- Other \_\_\_\_\_

17. What do you hope to achieve by establishing a relationship with the Technology Incubator?

---



---



## REPORTING

While you are not required to complete the following information, the NDSU Research & Technology Park is required to report on the populations it serves.

Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

Male \_\_\_\_\_

Female \_\_\_\_\_

White \_\_\_\_\_

American Indian/Alaskan Native \_\_\_\_\_

Asian \_\_\_\_\_

Black or African American \_\_\_\_\_

Native Hawaiian or Pacific Islander \_\_\_\_\_

## DECLARATION

I declare that to the best of my knowledge the information I provided on this form is correct and that I have not omitted any facts, which may have a bearing on my application. I understand that falsification of qualifications or information may lead to dismissal of my application.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

=====

## TECHNOLOGY INCUBATOR USE ONLY

Date Submitted: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Next Steps:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

