



HUNTSVILLE AREA TECHNOLOGY AND BUSINESS COMPLEX

HA/tch Business Incubator Program Application

Company name: _____

Contact: _____

Title: _____

Address: _____

Phone (landline): _____

Phone (cellular): _____

E-mail: _____

Company website: _____

The HA/tch Business Incubator Program was established to assist early-stage technology-focused ventures in the greater Huntsville Area. Its services range from business coaching/mentoring to professional, educational, and capital resources that can assist you with growing your business.

In order to be considered for entry into the HA/tch Business Incubator Program, you must have a completed business plan available for review. If you have not yet reached the point of developing a business plan, and you would like to receive assistance, you may apply to receive our HA/tch Pre-incubation Services. Our Business Planning Counselors are available to coach you through the process of developing your business plan. An application for HA/tch Pre-incubation Services can be found at www.ha-tch.com/apply/preincubation.

It is important to note that submitting a business plan is not a guarantee that your company will be selected to participate in the HA/tch Business Incubator Program, but without such a plan, your application for the program will not be considered.

If you have developed a business plan that you wish to submit with your application, then 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 an established business?

_____ Yes _____ No

If yes, provide name of parent business: _____

2. How long has your business been in operation? _____

3. Are you pursuing this business on a: _____ Full-Time Basis _____ Part-Time Basis

4. How many people (including you) are employed in the business? _____

5. Under which structure is your business organized?

_____ Corporation or S Corporation	_____ Non-Profit
_____ Limited Liability Company	_____ Limited Liability Partnership
_____ Partnership	_____ Sole Proprietorship

6. If you answered anything other than “Sole Proprietorship” to #5 above, please provide the date of your company’s founding: _____ Otherwise, please skip to #11.

7. If you answered anything other than “Sole Proprietorship” to #5 above, please provide details about your founding type of business organization to include names and contact information for board members, partners, or anyone associated with the business at its founding:

Affiliated Individual’s Role: (e.g. Board Member, Partner, Other)	Affiliated Individual’s Name	Contact Information

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8. Are any of the individuals listed in #7 no longer actively associated with your business?

_____ Yes _____ No

9. If yes, which ones?

10. For any individuals identified in #9, please provide the details of casual or contractual agreements as to the individual's continuing interest and/or equity in your business that will be honored moving forward:

Name	Description of individual's continued interest and/or equity

11. Is your business involved in any litigation and/or arbitration regarding any previous business matters or claims?

_____ Yes _____ No

12. Are you in compliance with the requirements for maintaining the type of business organization you identified in #5?

_____ Yes _____ No

13. 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

14. 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 experience 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

15. Please provide a brief description of your company's challenges or needs (50 words or less).
If you are unsure, simply enter "unsure."

16. What are your critical business objectives for the next three (3) months?

17. In general terms what are your business goals for the next 12 months?

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

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

	Very Urgent	Somewhat Urgent	Not Urgent
_____ General business assistance	_____	_____	_____
_____ Market Research	_____	_____	_____
_____ Marketing/Sales – Domestic	_____	_____	_____
_____ Marketing/Sales – International	_____	_____	_____
_____ Business Plan Preparation	_____	_____	_____
_____ Legal Services	_____	_____	_____
_____ Intellectual Property Support (Patents, Trademarks, etc.)	_____	_____	_____
_____ Contract Development and Review	_____	_____	_____
_____ Corporate Formation and Support	_____	_____	_____
_____ International (e.g. contract support, formation, IP, import/export)	_____	_____	_____
_____ Accounting Services	_____	_____	_____
_____ Financial Services	_____	_____	_____
_____ Management/Operations	_____	_____	_____
_____ Human Resources	_____	_____	_____
_____ Management Team Development	_____	_____	_____
_____ Educational Services	_____	_____	_____
_____ Technical Training	_____	_____	_____
_____ Business Planning	_____	_____	_____
_____ Business Skills Training	_____	_____	_____
_____ Other:	_____	_____	_____
_____ Business Advocacy	_____	_____	_____
_____ Product Development	_____	_____	_____
_____ Access to engineers, scientists, programmers, designers, etc. to assist in product development	_____	_____	_____
_____ Access to specialized components (e.g. sensors, chips, switches, transmitters, batteries, etc.)	_____	_____	_____
_____ Manufacturing/Production Services	_____	_____	_____
_____ Building a Prototype	_____	_____	_____
_____ Solving a problem in your production process	_____	_____	_____
_____ Locating a company to manufacture your product	_____	_____	_____
_____ Locating equipment you can use to manufacture your product	_____	_____	_____
_____ Locating a company to test your product	_____	_____	_____
_____ Locating equipment you can use to test your product	_____	_____	_____
_____ Financing (Debt)	_____	_____	_____
_____ Financing (Equity)	_____	_____	_____
_____ Other: _____	_____	_____	_____

20. 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

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

22. How did you hear about the HA/tch Business Incubator Program?
Name (and Company, where applicable)

_____ SHSU Faculty Member:	_____
_____ SHSU Staff Member:	_____
_____ SHSU Student:	_____
_____ Accountant:	_____
_____ Attorney:	_____
_____ Financial Institution:	_____
_____ Consultant:	_____
_____ Business Associate:	_____
_____ Other:	_____

23. What do you hope to achieve by establishing a relationship with the HA/tch Business Incubator Program

DECLARATION

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

Signature: _____ Date: _____

Name (print): _____ Title: _____

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HA/tch BUSINESS INCUBATOR PROGRAM USE ONLY

Date Submitted: _____

Date Reviewed: _____

Next Steps: _____
