Bethesda Green Incubator

PARTICIPANT APPLICATION

DATE:

GENERAL INFORMATION:

1.) Business Name: _____

2.) Current Address (if applicable): _____

3.) Telephone Number: _____

4.) Website Address (if applicable):_____

5.) Fax Number: _____

4.) Type of Business (established or described):
_____Partnership
_____Corporation
_____S Corporation
_____Sole Proprietor
_____Non-profit
_____Other (describe) _____

5.) Federal ID Number: _____

6.) Date Existing Business Started: _____

7.) Current or expected number of employees:
Start-up _____ 1 Year _____ 3 Years _____

8.) Desk Hours needed (measured monthly):
_____10 hours/week (quarter-time)
_____20/hours/week (half-time)
_____40/hours/week (full-time)
_____0/hours/week (virtual)

9.) Additional office space needed:
Office: _____ square feet

10.) Facility Services Required

Phone _____
Internet Service _____
Fax _____
Mailbox _____
Filing (how much) _____
Conference room (how frequently) _____
Supplies needed (please list) _____
_____

11.) Description of Special Facility Needs: _____
_____
_____

12.) Target Date for Locating within Facility :_____

13.) What type of expertise or service will you be seeking from the program:
1) _____
2) _____
3) _____
4) _____
5) _____
6) _____

14.) Summarize your market, including your market strategy:
_____
_____
_____
_____

15.) Provide three business references, including address and phone number:

a. Reference: _____
_____

b. Reference: _____
_____

c. Reference: _____
_____

16.) Is any individual employed by or associated with your organization, a party to any pending litigation?

Yes: _____ No: _____

MANAGEMENT TEAM:

1.) What individuals are responsible for the business's operations (include resumes if available):

Name:
Title:

Name:
Title:

2.) Will you be seeking any external services to assist your management team:
Yes _____ No _____

Accounting _____
Legal _____
Marketing Consultant _____
Financial Consultant _____
Computer Consultant _____
Other: _____

FINANCING ACTIVITIES:

1) Have you applied for funding assistance from Montgomery County Department of Economic Development (DED): Yes _____ No_____

If Yes tell us When _____ Staff contact at DED _____

2.) List any additional funding source: (i.e.: State or Venture)
_____

3.) Please indicate the funding desired:
Next Twelve Months $ _____
Next Three Years $ _____

4.) How much will be used for:

Operations _____

Debt Retirement _____
Equipment _____
Other _____

5.) What type of funding are you seeking?

Loans _____ Equity _____ Grants_____ N/A_____

6.) From which sources and how much from each source do you intend to obtain:
Owners _____
Venture Capitalists _____
Banks _____
Small Business Association _____
Government Grants _____
Other _____

7.) Have you or any other principal procured venture capital previously:
Yes _____ No _____

Success and Sources Obtained: _____

_____

Please enclose a completed Participant Application Form, Non-Confidential Business Plan, Brochures and any other pertinent information. This application will not be reviewed without the appropriate financial data.

Applicants must execute their License Agreement within 30 days of acceptance into the Incubator Network by the Incubator Review Committee. Failure to do so may result in withdrawal of the applicant's acceptance into the incubator network.

Signature: _____

Print Name: _____

Date: _____