

Application / Eligibility Assessment



Name of Business _____

Contact _____ Title _____

Street Address _____ E-mail _____

City, State, Zip _____ Fax _____

Business/Mobile Phone _____ Home Phone _____

Is your business:

New Existing Since _____

Is it incorporated? _____ If so, what form of Business? (Check one)

Partnership Sub "S" Corporation
Corporation Sole Proprietor
Limited Liability Other _____

Describe your business, products/services, and technology on which it is based. Does the technology work?

Describe your needs.

Estimate the investment to date in the business and source of funds:

\$0 - \$50,000 \$50,000 - \$100,000
\$100,000 - \$150,000 More than \$150,000 (specify) _____

Identify the source(s) of this investment to date.

Describe your company's stage of development

What revenues from sales have been made to date? \$ _____

If sales revenues have been made, who are your major customers?

If no sales have been made, what is the market, and have you completed a market feasibility analysis?

List the individuals who will serve as your company's management team, including their position, qualifications and background.

Name _____ Position _____

Street Address _____ City, State, Zip _____

Phone _____ E-mail _____

Background _____

Role in daily operations _____

Name _____ Position _____

Street Address _____ City, State, Zip _____

Phone _____ E-mail _____

Background _____

Role in daily operations _____

Name _____ Position _____
Street Address _____ City, State, Zip _____
Phone _____ E-mail _____
Background _____

Role in daily operations _____

Estimate the total number of employees (including principals) anticipated.

At project outset:	Full Time _____	Part Time _____
One year later:	Full Time _____	Part Time _____
Two years later:	Full Time _____	Part Time _____
Three years later:	Full Time _____	Part Time _____

Does the company utilize outside professional advisors (i.e., accountants, lawyers, etc.)?

Yes _____
No _____

If yes, please list below:

Please describe the business and technical services you need. What stage will they get you to?

	Describe need in more detail, if applicable
Administrative/Management/ Organizational Development Strategic Planning	
Business Model Business Plan Development	
Legal / Licensing / IP	
Market and Sales Development	
Product Development Assistance	
Technology Development Assistance	
Structuring Financing	
Other	

Estimate the square footage required to conduct your business:

1st year Office _____ Manufacturing _____ Other (describe) _____
 2nd year Office _____ Manufacturing _____ Other (describe) _____
 3rd year Office _____ Manufacturing _____ Other (describe) _____

Are you interested in exploring space at the Tech Garden?	Yes _____	No _____
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Do you have a marketing plan? Yes _____ No _____

Is there a working prototype of your product or service? Yes _____ No _____

Can your product or service be patented? Yes _____ No _____

Must you obtain any regulatory approvals for your product or service? Yes _____ No _____

How long has it taken to develop your product or service? _____

Are you working with a college or university, or another technical partner? If so, please indicate which institution and resource center. If this involves a partnership with another entity or company, please describe.

Describe the target market for your product or service.

Describe your product's advantage. How does your product or service answer the needs of your target market and what makes it better than your competitor's product or services?

List your competitors (names)

Do you require any specialized equipment or facilities? (If yes, please describe below.)

Have you fully developed your business model, and do you have a good sense of your funding needs for the next three years in terms of working capital and capital for fixed assets? If so, please describe.

Have you identified potential sources of funds? If so, please describe.

Have you spoken with banks or other conventional lenders?

Have you applied for or received other funding? If so, please specify.

Required Attachments

Please attach a succinct two-page executive summary, with contact information. You are also free to submit any other materials that may help the review committee in determining if you are a good candidate for this program.

Do not include confidential or proprietary information that you do not wish to share with the review committee.

If you are selected by the review committee to participate in this program, you will be asked to supply the following documents. If you wish to include these at this point, you are also welcome to also attach these or other materials that may help the review committee.

- a. Resumes of the principals involved
- b. Business plan (including financial statements and projections)
- c. Marketing plan

Signature

Date

Submit a copy to:
Center for CleanTech Entrepreneurship
The Tech Garden
235 Harrison Street
Syracuse, NY 13202
(315) 579-0028
cleantech@thetechgarden.com

Submissions must be in electronic version.

Application / Eligibility Assessment -- Addendum



Addendum – required with application

Is the company or its principals the subject of any litigation, or is any litigation threatened?

Yes No

Has the company or its principals ever been involved in bankruptcy or sought protection from creditors?

Yes No

Has the company ever settled a debt with a lending institution for less than the full amount outstanding?

Yes No

Has any senior manager or principal of the Company ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any such charges pending?

Yes No

Has the Company or its principals ever been cited for a violation of federal, state or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution or operating practices?

Yes No

Are there any outstanding judgments or liens pending against the Company or its principals?

Yes No

Is the Company or its principals delinquent on any federal, state or local tax obligations?

Yes No

(NOTE: If your answer is "YES" for any of the above questions, please provide an explanation here)

I certify that I am authorized to represent this company and that the above information is correct.

Name: _____

Date: _____
