

**TOWSONGLOBAL  
Business Globalization Center  
Towson University  
Application Form**

**Application Process**

TowsonGlobal applicants must submit a standard application form, along with a business plan describing:

Product Feasibility – Company must produce product/service within a reasonable time and at a price the market will bear.

Market Opportunity – There must be strong market demand with limited competition and accessible target customers.

Management Capabilities – The management team must demonstrate sufficient business and technical expertise to achieve profitability.

Financial Potential – Company must have potential for profitability within 3-5 years. It also must have sufficient financial resources to cover financial obligations.

Relationship Promise – Company should contribute to overall collaboration and networking within the incubator.

\_\_\_\_\_

COMPANY NAME \_\_\_\_\_

COMPANY CONTACT NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

COMPANY WEBSITE \_\_\_\_\_

TYPE OF BUSINESS (please check those that apply to your business):

\_\_\_\_\_ Minority-owned Business Enterprise (MBE)

\_\_\_\_\_ Woman-owned Business Enterprise (WBE)

\_\_\_\_\_ SBA 8 (A) Certified Business Enterprise

\_\_\_\_\_ Partnership

\_\_\_\_\_ Corporation

\_\_\_\_\_ S Corporation

\_\_\_\_\_ Sole Proprietor

\_\_\_\_\_ Other (describe) \_\_\_\_\_

FEDERAL ID NUMBER \_\_\_\_\_

DATE EXISTING BUSINESS STARTED \_\_\_\_\_

**MANAGEMENT TEAM**

Who will be the individuals responsible for the business's operations on a daily basis (include resumes if available):

A) Name \_\_\_\_\_

Position \_\_\_\_\_

Job Description \_\_\_\_\_

Prior Experience \_\_\_\_\_

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

B) Name \_\_\_\_\_

Position \_\_\_\_\_

Job Description \_\_\_\_\_

Prior Experience \_\_\_\_\_

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

**OFFICERS AND/OR DIRECTORS** (please provide list with full names, phone numbers and email addresses) \_\_\_\_\_

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

**DESCRIPTION OF BUSINESS AND PRODUCTS OR SERVICES OFFERED** \_\_\_\_\_

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

**SUMMARIZE THE MARKET AND MARKET STRATEGY** \_\_\_\_\_

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

CURRENT OR EXPECTED NUMBER OF EMPLOYEES

Start-up \_\_\_\_\_ 1 Year \_\_\_\_\_ 3 Years \_\_\_\_\_

CURRENT OR EXPECTED SALES

Start-up \_\_\_\_\_ 1 Year \_\_\_\_\_ 3 Years \_\_\_\_\_

INCUBATOR GRADUATION STRATEGY (synopsis of benchmarks each year that will serve as business milestones the company intends to achieve over the next three years. These benchmarks – which will be used to regularly gauge the company’s growth and development – will focus on four basic areas: product/service development; marketing and sales; management and staff growth; and funding/financing) \_\_\_\_\_

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

SPACE REQUIREMENTS (sq. ft.) \_\_\_\_\_

TARGET DATE FOR LOCATING WITHIN THE INCUBATOR \_\_\_\_\_

EXPERTISE/SERVICES NEEDED (list in order of priority the types of expertise and/or services you will be seeking from the program):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

SPECIAL FACILITY REQUIREMENTS (e.g., electrical, ventilation, floor load, hazardous materials) \_\_\_\_\_

\_\_\_\_\_

INTERNET SERVICE NEEDS \_\_\_\_\_

BUSINESS PLAN (A business plan is required with this application. Do you need assistance in developing a business plan?) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explanation of type of assistance needed. \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

EXTERNAL SERVICES (Will you be seeking any external services to assist your management team?) Yes \_\_\_\_\_ No \_\_\_\_\_

Accounting \_\_\_\_\_  
Legal \_\_\_\_\_  
Marketing Consultant \_\_\_\_\_  
Financial Consultant \_\_\_\_\_  
Computer Consultant \_\_\_\_\_

Other: \_\_\_\_\_

FUNDING/FINANCING STRATEGY (Indicate amounts, uses, objectives and potential sources of funding):

Next Twelve Months \$ \_\_\_\_\_

Next Three Years \$ \_\_\_\_\_

How much will be used for: Operations \_\_\_\_\_ Debt Retirement \_\_\_\_\_

Equipment \_\_\_\_\_ Other \_\_\_\_\_

What type of funding are you seeking?

Loans \_\_\_\_\_ Equity \_\_\_\_\_ Combination \_\_\_\_\_

From which sources and how much from each source are you intending to obtain?

Owners' \_\_\_\_\_

Venture Capitalists \_\_\_\_\_

Banks \_\_\_\_\_

Small Business Administration \_\_\_\_\_

Government Grants \_\_\_\_\_

Other \_\_\_\_\_

Have you or any other principal procured venture capital previously? Yes \_\_\_\_\_ No \_\_\_\_\_

Success and sources obtained: \_\_\_\_\_

CREDIT REFERENCES (please provide company name, contact name, address, and phone number for three [3] references)

Credit Reference #1 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Reference #2 \_\_\_\_\_

\_\_\_\_\_

Credit Reference #3 \_\_\_\_\_

\_\_\_\_\_

BANK INFORMATION (Please provide bank name, account description, address, and phone number) \_\_\_\_\_

\_\_\_\_\_

FINANCIAL STATEMENT (Please attach your business's most recent financial statement; explain if not available) \_\_\_\_\_

ABILITY TO PAY (Please attach evidence of company's ability to pay its Resident Membership Fee for the year, e.g., income statement, signed contracts, business bank account.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**NOTE:** Please enclose Application Form, Business Plan, Financial Statements, Brochures, Proof of Comprehensive General Liability Insurance and any other pertinent information. This application will not be reviewed without the appropriate financial data.

Reviewed/revised: 06/2008  
03/2009