

**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 _____

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