GRANITE SCHOOL DISTRICT/USTAR LIFE SCIENCE INCUBATOR PROGRAM APPLICATION

Name of Applicant: _____
Company Name: _____
Primary Contact: _____
Title: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
E-mail: _____

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Company Information
(Please answer the following questions in as much detail as possible – **attach additional pages if necessary**):

Type of business entity:

- ☐ C Corporation
- ☐ S Corporation
- ☐ LLC
- ☐ Other (specify here _____)

Date Founded _____

- ☐ Liability Insurance (**attach copy of policy**)
- ☐ Workmen's Compensation Insurance (**attach copy**)

Corporation Information (please **attach a copy** of the Incorporated papers and Company Bylaws and indicate employee counts):

- ☐ State Incorporated
- ☐ Date of Incorporation
- ☐ Tax ID #

Current Employee Count _____
Projected Employee Count _____

Federal Employer Identification Number (EIN): _____

Brief Business Description of Company and products/services to be offered:

Please provide a brief description of your challenges or needs (50 words or less):

List your critical business objectives for the next three (3) months:

In general terms, list your business goals for year one:

In general terms, list your business goals for year two:

List unmet market needs or demand your product and/or services fulfill (end usage):

Indicate the stage of development the products or services you wish to market through your business:

- ☐ Pre-Concept Stage
- ☐ Concept Stage
- ☐ Prototype Stage
- ☐ Saleable Products/Service Stage
- ☐ Other (please specify)

Have you secured funding for your business to-date? ☐ Yes ☐ No
If so, please list dollar amount here: $_____

Government grant/contract $_____

What agency(ies)? _____

_____

Angel investment $_____ Venture Capital $_____

Corporate investment $_____ Personal $_____

Please identify the industry sector or sectors that would best characterize your business and indicate the percent of business in each sector:

- ☐ Life Sciences _____%
- ☐ Advanced Manufacturing_____%
- ☐ Information Technology_____%
- ☐ Advanced Materials_____%
- ☐ Other_____%

Please list details of your potential customers:

Please list details of market research activities for the product/service that have been performed:

Please list details of your major competitors:

Describe your competitive advantages:

List the patents your company has applied for and/or patents issued (intellectual property status):

Describe your pricing strategy and revenue structure:

Describe how you will promote/advertise your products/services:

Describe how you will distribute your products:

Describe what sales volume is needed to break even and in what timeframe:

Describe your investment requirements for first three (3) years of operation (indicate amount and sources of finance):

Provide a monthly cash flow projection form for the next 36 months:

Major business activities planned for the next 36 months:

Describe the major risks attached with your business and how do you plan to overcome these risks:

Job creation estimates (provide detailed basis for the number, type, and average salary and wage amounts for each year within participation in the program and projected employment statics for two-year period following incubator tenancy. Indicate precisely how many jobs will be created/ retained):

* * * * * * * * * * * * * *

Corporate Officers or Partners:

President	Address
Vice President	Address
Secretary/Treasurer	Address

* * * * * * * * * * * * * *

Describe management and technological expertise of your key personnel experience that relates to your product/services, and the length of that experience (attach resumes):

List each product that your company has developed and those that you intend to develop:

Describe any past or present affiliations that your company has had with a State of Utah University, University Researchers and Departments and/or with private business (for the purpose of developing your products), or in which you have partnered with and/or parties that have assisted with your business or product development:

Do you have or are you planning to have a Licensing Agreement with a State of Utah University?

☐ Yes ☐ No ***If yes, please expand:***

List the type of work that your company expects to perform in the GSD/USTAR Life Science Incubator program:

List the type of equipment you expect to use in the GSD/USTAR Life Science Incubator program:

List all chemicals, materials, and quantities of each, to be stored and handled by the company on-site:

Describe how many GSD student interns you will be using each year and how you will provide experiential learning opportunities to these students.

Do you have a completed business plan?

☐ Yes ☐ No ***If yes, please attach to this application***

List any special requirements:

Describe the type of partnership and/or support you would like to see as a participant in the GSD/USTAR Life Science Incubator program:

List your target date for move-in: _____

List the resources you need:

Approximate Square footage of office space you are interested: _____

Approximate Square footage of lab space you are interested: _____

Other space requirements: _____

Special facility requirements: _____

Equipment needs: _____

Other factors that you wish to provide for consideration of your proposal:

Please identify the type(s) of assistance you are seeking:

- General Business Assistance ☐ Yes ☐ No
- Market Research ☐ Yes ☐ No
- Marketing/Sales ☐ Yes ☐ No
- Business Plan Preparation ☐ Yes ☐ No
- Legal Services ☐ Yes ☐ No
  - ☐ 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 ☐ Yes ☐ No
- Financial Services ☐ Yes ☐ No
- Management/Operations ☐ Yes ☐ No
- Human Resources ☐ Yes ☐ No
- Management Team Development ☐ Yes ☐ No
- Educational Services ☐ Yes ☐ No
- Business Advocacy ☐ Yes ☐ No
- Product Development ☐ Yes ☐ No
- Manufacturing/Production Services ☐ Yes ☐ No
  - ☐ 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

Do you have funds budgeted to pay for these services? ☐ Yes ☐ No

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Company Ownership - please List Owners and percent of ownership:

Name	Title	Percent of Ownership

Please attach a copy of (if available):

1. The Company's Business Plan or Business Case
2. Company's Most Recent Financial Statements and Financial Projections
3. Business Tax Returns, if any

* * * * * * * * * * * * * *

List three (3) business references (e.g., customers, suppliers, banks, etc.):

Reference #1:

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Reference #2:

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Reference #3:

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

* * * * * * * * * * * * * *

Personal References (please provide the names of [3]three personal references):

Reference #1:

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Reference #2:

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Reference #3:

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

How did you hear about the GSD/USTAR Life Science Incubator program?

* * * * * * * * * * * * * *

Thank you for your interest in the GSD/USTAR Life Science Incubator program. The information requested on this application is for the evaluation purpose of Prospective Participants in the GSD/USTAR Life Science Incubator program. The completion of this application is the first step towards being accepted into the GSD/USTAR Life Science Incubator program, either as a Client Company or Affiliate.

We look forward to the opportunity of discussing your business plan, financial statements, and overall goals for your company as they relate to the benefit that you can expect to receive as a participant in the GSD/USTAR Life Science Incubator program.

Applicant's Statement - Applicant hereby certifies that the foregoing information and statements contained in the application or attached hereto are true and correct and are furnished and provided to the GSD/USTAR Life Science Incubator program Director for the purpose of gaining admission into the GSD/USTAR Life Science Incubator program. Applicant authorizes the GSD/USTAR Life Science Incubator program Representatives to investigate information in this application by contacting its references and otherwise checking applicant's background. Applicant further authorizes that the GSD/USTAR Life Science Incubator program Representative may retain any information that it may have or obtain in response to such inquiries.

Company Representative: _____

Print Name: _____

Title: _____

Date: _____

For questions or additional information, please contact the GSD/USTAR Life Science Incubator program director at (385) 226-8457 or by e-mail at tmcknight@utah.gov

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GSD/USTAR LIFE SCIENCE INCUBATOR PROGRAM REVIEWERS USE ONLY

Date Submitted: _____

Date Reviewed: _____

Name of Reviewer - USTAR: _____

Name of Reviewer – GSD: _____

Next Steps: