

BAMA TECHNOLOGY INCUBATOR APPLICATION

Please answer the following questions to the best of your ability. Leave blank any sections for which the question does not apply to your company. Use additional sheets if necessary. If you have any questions concerning the completion of this Application, please contact the Director of AIME at 205-348-3502.

1. General Information

Name of Business:

Principal Officer(s) and Title(s): _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ Email: _____

Other phone numbers/email addresses:

Date Business Established: _____

Business Form (corporation, LLC, etc.): _____

2. Company's key management:

Name: _____ Position: _____

Experience: _____

Name: _____ Position: _____

Experience: _____

Name: _____ Position: _____

Experience: _____

Name: _____ Position: _____

Experience: _____

3. Brief description of your business:

4. Company's strategy for success:

5. Summarize your market and what your company will bring to the market:

6. List your top three competitors:

7. Describe the three greatest threats to the success of your product/business:

8. Describe the stage of your product development:

9. Summarize your proposed commercialization and marketing/sales strategy:

10. Describe your company's proprietary intellectual property and the steps you have taken to protect it:

11. If you intend to license intellectual property from the University, please describe the nature of the intellectual property and state the name of the University inventor.

12. What are your current sources of funding?

13. Describe current and anticipated funding needs and the anticipated sources of such funding: _____

14. Identify sources of working capital for at least the first six months in the Program: _____

15. Have you completed a business plan? _____

16. Do you need assistance in writing a business plan? _____

17. Describe why you think participating in the Program would benefit your company: _____

18. List in order of priority the facility/services and/or expertise your company needs from the Program: _____

19. When would you like to move into a Program facility?

20. How long do you anticipate staying in the Program facility?

21. Approximately how much space in the Program facility will you need?

22. Do you intend to bring any equipment into the Program facility? If so, please describe.

23. Do you intend to use any hazardous materials or restricted agents in the Program facility? If so, please describe:

24. Estimated employment (specify full time or part time):

Currently: _____

At time of occupancy: _____

One year from occupancy: _____

At time of leaving Program: _____

25. Do you intend to employ any students of the University? If so, in what capacity?

26. List the individuals who serve on your company's Board of Directors, including their experience in your industry:

27. Provide three business references, including addresses and phone numbers:

Please attach the following documents to this Application:

- ✓ Business Plan
- ✓ Financial Statement
- ✓ Business balance sheet
- ✓ Cash Flow projections for three years
- ✓ Copies of business income tax return for last three years

Submit the Application and supporting documents to:

Dr. Dan Daly
AIME
The University of Alabama
Box 870204
Tuscaloosa AL 35487

I certify that the information contained in this Application and the supporting documentation is true and complete. I authorize the University of Alabama to verify information contained in this Application and supporting documentation by contacting the referenced listed above and other sources. I understand that this Application is the first step in the review process for membership in the Bama Technology Incubator Program and that I will be required to attend a meeting of the Bama Technology Incubator Program Advisory Committee to present the above information for consideration by the Committee and to answer any questions Committee members may have.

Applicant's Representative Date

Name (please print) Title