



APPLICATION FORM

Save form and email to info@fitci.org when complete or click SUBMIT below.

Date:

Business Name:

Current Address:

Telephone Number(s):

ONLINE PRESENCE

Website:

LinkedIn:

Facebook:

Twitter:

Instagram:

APPLICANT(S)

1. Name:

Title:

Tel:

Email:

2. Name:

Title:

Tel:

Email:



DESCRIPTION OF BUSINESS AND PRODUCTS/SERVICES OFFERED

Include a description which can be used for advertisement of your business. Please indicate your stage of development (conceptual, research, prototype, ready to launch, etc.):

Technology focus:

Federal ID number:

Date of establishment of business:

Current and expected number of employees:

Current: Year 1: Year 3:

Type and Square Footage of Office and/or Lab Space Required:

Office: square feet

Lab: square feet

FOR PROSPECTIVE LAB TENANTS

The FITCI laboratories will be BioSafety Level (BSL) 2.

Will your work involve bodily fluids or blood research? Yes No

Will your work require BSL3 or BSL 4 facilities? Yes No

If yes to either, please provide details:



Special Facility Requirements (electrical, ventilation, floor load, hazardous waste disposal etc.):

ADDITIONAL INFORMATION

Target date for locating at FITCI:

Provide 3 business references, with email and telephone number:

1) Name:

Email:

Phone:

2) Name:

Email:

Phone:

3) Name:

Email:

Phone:

MANAGEMENT TEAM

Please list the executives who will be responsible for the company's daily business operations:

1) Name:

Position:

LinkedIn URL:

Prior Experience:



2) Name:

Position:

LinkedIn URL:

Prior Experience:

FINANCING ACTIVITIES:

Is the company currently seeking outside funding: Yes No

If yes, please list:

Source(s):

Funding amount(s):

Expected date of outcome(s):

Please indicate the funding desired in addition to above:

Next Twelve Months: \$

Next Three Years: \$

Next Five Years: \$

Please identify additional funding sources and the amount of funding expected:

Owners:

Venture Capital:

Banks:

Government Grants:

Other:



OTHER INTEREST/CLIENT SERVICES

Would your company be interested in taking advantage of consulting services provided through FITCI in any of the following areas?

Accounting: Yes No

Legal: Yes No

Marketing Consultant: Yes No

Financial Consultant: Yes No

Computer Consultant: Yes No

Other: Yes No

A Business model and presentation, if already developed, is required with application.

Do you need assistance developing a Business Plan? Yes No

Signature:

Print Name:

Date:

Please attach:

- Logo
- Business Model/Plan
- Financial Statements
- Brochures
- Any other relevant information