

# New Jersey Meadowlands Commission Business Accelerator

## UNIFORM PROGRAM APPLICATION

**General Instructions:** *(Please type or print clearly. Do not leave any spaces blank on the application.)*  
**If a question is not applicable to your business insert "N/A" in the space provided for your answer.**  
*You may make photocopies of the completed application as necessary.*  
*Whenever the space is insufficient to answer the question completely, attach additional sheets as necessary.*  
*Use the question number to identify any answer continued on an additional sheet.*

- 1a. Name and Street Address of Applicant Firm *(Enter the full legal name of the enterprise. For example, a corporation named ABC Construction, Inc. should be identified as "ABC Construction, Inc.", not as "ABC Construction.")*

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- 1b. "Doing Business As" (D/B/A) Name  
*(Complete if firm does business under an assumed or trade name that is different from its legal name.)*

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- 1c. Mailing Address *(Complete if different from street address.)*

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2. Business Phone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

3. How did you learn about the NJ Meadowlands Business Accelerator? \_\_\_\_\_

4. Federal Employer Identification Number OR Social Security Number *(A Federal Employer Identification Number (FEIN) is required for most business activities. For an application and/or additional information, contact the U.S. Internal Revenue Service at (516) 447-4955. Sole proprietorships may submit social security number of owner in lieu of the FEIN.)* \_\_\_\_\_

- 5a. Name of Company President/Chief Executive Officer/Owner

\_\_\_\_\_  
*President*

\_\_\_\_\_  
*Chief Executive Officer*

\_\_\_\_\_  
*Owner*

- 5b. Name & title of officer of the firm who can be contacted during the application review process.

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- 6a. This Firm is certified as:

- Minority Business Enterprise (MBE)                       Disadvantaged Business Enterprise (DBE)  
 Women- Owned Business Enterprise (WBE)                       None

6b. Does this firm have current Small Business Administration (SBA) 8(a) status?  
 Yes  No If Yes, please attach a copy of the SBA letter of approval.

7a. Type of ownership (*Please specify current ownership.*)

- Sole Proprietorship \_\_\_\_\_ Certificate of Trade Name on file in \_\_\_\_\_  
Date Established County
- Partnership \_\_\_\_\_ Business Certificate for Partners on file in \_\_\_\_\_  
Date Established County
- Corporation \_\_\_\_\_ Certificate of Incorporation on file in \_\_\_\_\_  
Date Established State

7b. Date business formed. \_\_\_\_\_

7c. Is the business name registered with Secretary of State?  Yes  No

7d. Did the business exist under a different type of ownership prior to the date indicated in question 7a?

Yes  No If Yes, explain \_\_\_\_\_

7e. Has your Certificate of Incorporation or business certificate been amended?

Yes  No If Yes, explain \_\_\_\_\_

7f. Method of Acquisition (*check all applicable*):

- Started New Business  Secured Franchise  Other \_\_\_\_\_
- Bought Existing Business  Secured Concession
- Inherited Business  Merger or Consolidation

Date of Acquisition \_\_\_\_\_

7g. Name & Position of all person(s) with ownership interest.  
*(Check all that are applicable. If no positions are held, state 'none.')*

Name	Position	Group Code*	% Owned	Sex	US Citizen or Permanent Resident Alien
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Group Code Key

- |            |                  |                     |                      |
|------------|------------------|---------------------|----------------------|
| 01 - Black | 02a - Hispanic   | 03a - Asian-Pacific | 04 - Native American |
|            | 02b - Portuguese | 03b - Asian-Indian  | 05 - Non-Minority    |
|            | 02c - Spanish    |                     | 06 - Other           |

8. If a corporation, number of shares of stock:

Common Authorized \_\_\_\_\_ Common Issued \_\_\_\_\_

Preferred Authorized \_\_\_\_\_ Preferred Issued \_\_\_\_\_

9a. Personal Information of those identified in 7g.

Name	Address	Telephone	Social Security No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9b. Please identify the **initial** cash and capital contributions to the firm by those identified in 7g including gifts, equipment, loans, and expertise. Also include commercial loan, seed capital, grants, etc.

Contributor/Source	Amount/Value	Type/Date of Contribution
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

10. Gross Receipts (*Sales*). Please provide gross receipts for the last 3 years and attach most recent financial statements. (*If in business for less than 3 years complete as applicable.*)

\$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_  
 Current Year (\_\_\_\_)                      Last Year (\_\_\_\_)                      Previous Year (\_\_\_\_)

11. Projected number of employees including principals (*Please average over the past year.*)

	<u>Full Time</u>	<u>Part Time</u>
Now	_____	_____
In 6 months	_____	_____
In 12 months	_____	_____
In 36 months	_____	_____

12a. Company is primarily involved in (check all that apply):

- Research and development
- Alternate/renewable energy
- Environmental products
- Environmental services
- Sustainable products
- Other (explain) \_\_\_\_\_

12b. Stage of development.

- Conceptual (No working model)
- Prototype (Have completed working model)
- Manufacturing and/or marketing (Product sales)
- Other (explain) \_\_\_\_\_

12c. Describe principal products/commodities being developed, specialties or services offered (*Please Explain*)

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12d. How is your product unique?

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12e. Is your product or technology patented, trademarked or protected from duplication? If not now, potential for protection in the future?

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Provisional Patent  Yes  No      Patent Pending  Yes  No      Patent Issued:  Yes  No

13a. What market need have you identified?

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13b. What market have you targeted and why?

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13c. How big is the market you are seeking to enter? How fast is it growing?

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13d. Who are the major players in the market?

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13e. Outline sales strategy and plans for distribution of product.

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14. List major equipment or machinery that is owned or leased by the company.

Type	Depreciated Dollar Value	Acquisition Date	Payment Terms
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Do any principals, officers and/or owners of the firm have an affiliation (i.e. business or employment) with any other firm?

Yes       No      If Yes, please complete the following:

Name of Person	Firm Name & Address	Phone Number	Nature of Business	Nature of Affiliation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. Identify and discuss the following (SWOT):

Business strengths: \_\_\_\_\_  
\_\_\_\_\_

Business weaknesses: \_\_\_\_\_  
\_\_\_\_\_

Business opportunities: \_\_\_\_\_  
\_\_\_\_\_

Business threats: \_\_\_\_\_  
\_\_\_\_\_

17a. Have you utilized other local programs within the last twelve months?       Yes       No      If Yes, please explain which ones

and what services were used. \_\_\_\_\_  
\_\_\_\_\_

17b. Reason for seeking space at the Accelerator \_\_\_\_\_  
\_\_\_\_\_

17c. Please describe assistance to be requested from NJ Meadowlands Commission Business Accelerator for the following, please indicate the assistance: you will need in the next 3 months, the next 6 months and in your 1<sup>st</sup> year at the Accelerator:

Business Strategy \_\_\_\_\_

Financial \_\_\_\_\_

Legal \_\_\_\_\_

Technical \_\_\_\_\_

Marketing \_\_\_\_\_

Accounting \_\_\_\_\_

Assembly/Manufacturing \_\_\_\_\_

Students \_\_\_\_\_

Facilities \_\_\_\_\_

Other \_\_\_\_\_

17d. Do you have a written business plan?  Yes  No If No, expected completion date: \_\_\_\_\_

17e. Are you applying for residency? If yes, square footage desired or .  
\_\_\_\_\_

17f. Are you for applying to the Business Accelerator ration as an associate (non residential) client? If yes, if and when would you anticipate residency in the Accelerator? \_\_\_\_\_

18. Identify bank(s) where firm's accounts are maintained

Bank Name	Address	Contact	Type of Account
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Do you have a line of credit?  Yes  No If Yes Identify: \_\_\_\_\_

20. List major current creditors and/or lenders and types of investments and/or loans in the firm.

Name of Creditor/Lender	Type of Investment/Credit/Loan	Dollar Value of Investment Terms/Credit/Loan
_____	_____	_____
_____	_____	_____
_____	_____	_____

21a. What is your present or former occupation? \_\_\_\_\_

21b. Describe any relevant business experience you or your business associates have.

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21c. Have you or a business you have owned ever filed for bankruptcy?

Yes    No   If Yes, when: \_\_\_\_\_

22. There are several requirements you must satisfy to remain associated with the Business Accelerator as a Resident or Associate Client

- Submission of a business plan. This plan is also to be updated annually throughout your tenancy and resubmitted for review by the Business Accelerator Management and/or their Advisory Board;
- An initial personal interview. Follow-up interviews may be required as conditions may warrant;
- Immediate notification by you to the Business Accelerator Manager of any significant change in your corporate or personal status, redirection of your business goals and any other factors which may effect your success;
- Quarterly submission to the Business Accelerator the number of full- and part-time paid jobs sustained by your company and the zip codes of those employed;
- Annually report to the Business Accelerator the amount and source of 3<sup>rd</sup> party funding (bank loans, family/friends, Federal Grants, NJ Economic Development Loans, NJ Commission on Science and Technology Grants, Angel and Venture Capital investments, etc.);
- Report requested company financial information on a semi-annual basis and meet with Business Accelerator Management to review your financial progress at least annually;
- Report to the Business Accelerator annually for two years following graduation on the number of jobs your company is sustaining in the State of New Jersey and requested company financial information;
- Remain aware of the services offered by the Business Accelerator and participation programs/seminars offered by or recommended by the Business Accelerator.

The purpose of these requirements is to infuse your approach to starting a business with the collective experiences and judgments of the Management Team and their Advisors as well as to impose, at an early stage, the necessary strategic planning disciplines required in the commercial world.

**CERTIFICATION:**

The undersigned does hereby swear that the statements contained in this application and all attachments which have been provided in support of this application (collectively "the application") are true, accurate, and complete and include all material information necessary to determine eligibility for participation in the Commercialization Center for Innovative Technologies's program. It is further understood that any material misrepresentation will be grounds for denial of participation or removal from the program.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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(DO NOT WRITE BELOW THIS LINE)

Committee Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved     Rejected    Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entrance Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Projected Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**A. REQUIRED FOR ALL APPLICANTS.**

Attach copies of the following, if applicable. Please indicate documents submitted by checking appropriate boxes.

**NOTE: If appropriate documents are not submitted AND no written explanation is given, application will be returned to you.**

- 1. Resumes of all principals, partners, officers and/or key employees of the firm. Show home address and telephone number, education, training and employment with dates.
- 2. Corporate Business Plan
- 3. Original Passport or Drivers License (Business Accelerator will photocopy and return original)
- 4. Corporate Insurance

**ADMISSION CRITERIA**

The prospective tenant company must:

1. have been operating less than 4 years
2. develop or advance technology which contributes to a significant portion of the company's operating revenues
3. be a "for-profit" enterprise
4. have a business plan that will answer the following questions:
  - Market(s) - sizes, trends, customer needs, competition
  - Product(s)/Service(s) - describe and explain how your product will address customer needs
  - Intellectual content of business - does the business contain proprietary intellectual property; if yes, how is it protected?
  - Strategic competitive advantage - what will you do better than anyone? Why will customers buy your product?
  - Market entry plan - what are your business's specific plans for entering the market?
  - Management team - background and relevant experience of business's principal management personnel; what evidence do you have that your team can get the job done?
  - What are your company's financial projections?