



UNIFORM PROGRAM APPLICATION

Use the question number to identify any answer continued on an additional sheet.

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.
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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):

- ☐ Environmental, Sustainable, Green products or services
- ☐ Life Sciences
- ☐ Research and development (no products currently commercially available)
- ☐ 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*)

12d. How is your product unique?

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

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

13a. What market need have you identified?

13b. What market have you targeted and why?

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

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

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

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 the Accelerator for the following, please indicate the assistance: you will need in the next 3 months, the next 6 months and in your 1st 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 as a Residential Client requiring a formal designated workspace or an Affiliate Client with full access to the facility and programming provided to Residential Clients but able to share workstations on an as needed basis? Please Circle Selection and add clarifying comments if needed.

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: _____

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.

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 REACH as a Resident or Affiliate Client

- ☐ An initial personal interview. Follow-up interviews may be required as conditions may warrant;
- ☐ Submission of a business plan within the first 6 months of participation. The Accelerator will provide assistance and guidance to the development and/or updating of the plan. The plan is to be reviewed with The Accelerator, at a minimum, annually throughout your tenancy and resubmitted for review by The Accelerator Management and/or members of their Advisory Board;
- ☐ Immediate notification by you to The Accelerator 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 Accelerator the number of full- and part-time paid jobs sustained by your company and the zip codes of those employed;
- ☐ Report financial data annually; The Accelerator will collect the amount and source of 3rd party funding (bank loans, family/friends, Federal Grants, NJ Economic Development Loans, State Grants, Angel and Venture Capital investments, etc.) as well as revenue from all companies participating in the The Accelerator program. The consolidated data will be used to measure the economic contributions of The Accelerator- and the companies mentored. Your individual company performance will not be made public unless written permission is granted.
- ☐ Report to The 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 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, if available. Must be submitted within first 6 months of participation
- ☐ 3. Original Passport or Drivers License (The Accelerator will photocopy and return original)
- ☐ 4. Corporate Insurance

ADMISSION CRITERIA

Prospective Client Company

1. Have been operating less than 5 years, or have developed new products or services in the last 5 years that would benefit from the resources that the Accelerator will provide
2. Has “new” product or or service which contributes to a significant portion of the company’s operating revenues
3. Be a “for-profit” enterprise
4. Has a business plan or initial outline 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?