Meadowlands Regional Accelerator at Bergen Community College

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.")

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

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.)

________________________________________________________________________________________________________

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

________________________________________________________________________________________________________

2. Business Phone Number: (   ) _________________________ Fax: (   ) _________________________

3. How did you learn about the Meadowlands Regional Accelerator at Bergen Community College?

________________________________________________________________________________________________________

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

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

__________________________________    ________________________________    _____________________________

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

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.

Z:\Business Accelerator Info\Forms-Lists\Bergen Final client application .doc
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'."")

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Group Code*</th>
<th>% Owned</th>
<th>Sex</th>
<th>US Citizen or Permanent Resident Alien</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
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<tr>
<td>Male</td>
<td>Female</td>
<td>Yes</td>
<td>No</td>
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<td>Male</td>
<td>Female</td>
<td>Yes</td>
<td>No</td>
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</table>

*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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Social Security No.</th>
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<td>______________________________</td>
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</table>
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.

<table>
<thead>
<tr>
<th>Contributor/Source</th>
<th>Amount/Value</th>
<th>Type/Date of Contribution</th>
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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.)*

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<thead>
<tr>
<th>Current Year (___)</th>
<th>Last Year (___)</th>
<th>Previous Year (___)</th>
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<tr>
<td>$_________________</td>
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11. Projected number of employees including principals *(Please average over the past year.)*

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<tr>
<th>Full Time</th>
<th>Part Time</th>
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<tr>
<td>Now</td>
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<tr>
<td>In 6 months</td>
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<td>In 12 months</td>
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<tr>
<td>In 36 months</td>
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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.

<table>
<thead>
<tr>
<th>Type</th>
<th>Depreciated Dollar Value</th>
<th>Acquisition Date</th>
<th>Payment Terms</th>
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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:

<table>
<thead>
<tr>
<th>Name of Person</th>
<th>Firm Name &amp; Address</th>
<th>Phone Number</th>
<th>Nature of Business</th>
<th>Nature of Affiliation</th>
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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

<table>
<thead>
<tr>
<th>Bank Name</th>
<th>Address</th>
<th>Contact</th>
<th>Type of Account</th>
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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
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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)

(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?