Application for Admission as Approved Incubator Tenant

The mission of the Project 3810 Incubator is to Enhance the skills of entrepreneurs and improve the viability of small businesses within the state of Oklahoma, yielding jobs and economic development for the region.

Eligibility Requirements

Before admission into the Project 3810 Incubator, a Company must:

1. Be a start-up enterprise with a product or service that fits the mission of the Project 3810 and matches programmatic strengths found at the Project 3810.

2. Be an enterprise which has been in existence less than 5 years.

3. Have a strong management team and agree to be on-site, at incubator, on regular basis.

4. Have adequate financial resources to remain in business for at least six (6) months, as indicated in the company’s business summary.

5. Certify that there are no legal claims or lawsuits pending against the business at the time of this application.

6. Submit written business summary, including product idea and concept, potential markets, general financials, and resumes of each principal of the business.

7. Attend a personal interview session with management of the Incubator.

8. Complete an application form – attached.

9. Complete a lease with the Project 3810.

Upon Admission to Incubator, Company agrees to:

1. Attend quarterly meetings with Incubator Director to review milestones, evaluate progress, and explore options for business development.
2. Submit a Performance report to Incubator Management no later than 60 days prior to lease renewal. Lease renewal is contingent upon adequate progress toward milestones, as reported in the Performance report.

3. Attend periodic group events arranged by Incubator management and generally take advantage of opportunities to network with service providers and other Incubator tenants.

Submit Application Form and Business Plan to:
Incubator Director

Final decision regarding admission to Incubator is at the sole discretion of the Project 3810 Incubator Management Team.
Project 3810 Incubator Application Form

Company Information

1. Company name: __________________________________________________________
   Contact: __________________________________________________________________
   Title: _____________________________________________________________________
   Address: __________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   Phone: ____________________ Email: ___________________________________________
   Website: __________________________________________________________________

2. Is your business a proprietorship, partnership, or corporation? __________________
   Tax ID # ___________________

3. What year was business started? ___________________

4. Employee Information

   Number of current employees: Full time___________ Part time ___________

   Please estimate future employment:
   One year from now: Full time___________ Part time ___________
   Two years from now: Full time___________ Part time ___________
5. Briefly describe your business, its products, and the market you are targeting. (Be as specific as possible)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

6. Please estimate the initial capitalization of your business: Check one
   _____ $0 - $50,000
   _____ $50,000 - $100,000
   _____ $100,000 - $250,000
   _____ over $250,000

   Have you secured funding for your business to date? _____
   If so, how much? $____________

   Government grant /contract $______________
   What agencies? ____________________________

   Angel investment $______________
   Venture capital $______________

   Corporate investment $______________
   Personal $______________

7. What type space do you need? _____ Office _____ Manufacturing _____ Warehouse
   Approximately how many square feet? ___________ sq. ft.

8. What date do you estimate you will need to take occupancy of the space?_____________

9. If you have existing relationship with Project 3810 faculty or Project 3810 programs, please describe that relationship and the activities taking place.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

10. How did you hear about the Project 3810 Incubator? ____________________________
My signature below certifies the information contained in this application is true and complete. I understand this application, when submitted, becomes the property of Project 3810 Incubator and will be retained by the Incubator whether or not my application is accepted.

Signature: ___________________________ Date: ________________________

Name (print): ________________________ Title: _______________________

For Internal Use only
Application: Received_______
Reviewed_______
Accepted_______ Denied_______

Comments: