

Application for Admission

Eligibility Requirements

Before admission into the NC State Technology Incubator, a Company must:

Be a start-up enterprise with a technology-based product or service that matches the mission and programmatic strengths found at NCSU. Must be poised for high growth potential, and working on a new technology or leveraging an existing technology in a meaningfully unique way.

Be an enterprise which has been in operation for fewer than five (5) years.

Identify partnerships with NC State University as determined through meetings with the NCSU Centennial Campus Partnership Office (CCPO) and otherwise meet CCPO approval process.

Have a strong management team and agree to have at least one employee on-site on a regular basis.

Have adequate financial resources to remain in business for at least twelve (12) months

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

Complete the application form in full and submit business plan, including product idea and concept, potential markets, general financials, and resumes of each principal of the business.

Meet with management of the NC State Technology Incubator and if requested, the Screening and Selection Committee.

Complete a lease with NC State University

Agree to seek and accept assistance from the Incubator program and its network of mentors and resource providers.

Upon Admission to Incubator, Company agrees to:

1. Submit quarterly update worksheets to Incubator Management to review milestones, evaluate progress, and explore options for business development.
2. Maintain an active relationship with a mentor while associated with the program.
3. Attend periodic group events arranged by Incubator management and generally take advantage of opportunities to network with service providers and other Incubator tenants.
4. Attend meetings with the Centennial Campus Partnership Office to discuss and maintain relationships with NCSU.
5. Limit the number of offices or labs it holds at any one time to a maximum of four.

Submit Application Form and Business Plan to:

Alisha Puckett, Program Coordinator
NC State Technology Incubator
1017 Main Campus Drive
Suite 2300
Raleigh NC 27606
Phone: 919-515-0769
Email: alisha_puckett@ncsu.edu

Final decision regarding admission to NCSU Technology Incubator is at the sole discretion of the NCSU Incubator Management Team.

Application Form

Company Information

1. Company name: _____

Contact: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

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. Are you and your management team currently engaged on a full-time or part-time basis in this company?

Please estimate the initial capitalization of your business:

\$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 _____ Laboratory

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 NC State faculty or NC State programs, please describe that relationship and the activities taking place.

10. How did you hear about the NC State Technology 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 NC State Technology 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:	