

## Indian Hills Regional Entrepreneurship Center Application

The Indian Hills Regional Entrepreneurship Center (REC) assists start-up and early-stage business ventures grow. The REC offers support services ranging from business coaching/mentoring to professional, educational, and capital resources. Please answer the following questions and provide the requested information so your application can be evaluated and an individualized support package can be developed to meet your business needs.

Company name: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

1. Is this new business affiliated (as a subsidiary division) with an established business?  Yes  No

If yes, name of parent business: \_\_\_\_\_

2. How long have you been in the business? \_\_\_\_\_

3. Are you pursuing this business:  Full-Time Basis (32 + hours)  Part-Time Basis (<32 hours per week)

4. How many people (including yourself) are employed in the business? \_\_\_\_\_

5. At what stage of development are the products or services you wish to market through your business?

Pre-Concept Stage  Saleable Products/Services Stage  
 Concept Stage  Other (please specify) \_\_\_\_\_  
 Prototype Stage

6. Do you have a completed business plan for this venture?  Yes  No  
 (If no, please arrange to meet with the SBDC to create one)

7. Do you have a management team established for this venture?  Yes  No

If yes, which areas of expertise does the management team possess?

Prior experience with the product or service being developed by the venture  
 Technical expertise necessary to develop the product/service  
 Small business management expertise  
 Operations  Accounting  Finance  
 Marketing/sales experience in the industry (or related industry) in which the product/service is to be sold  
 Prior experience in raising capital for a new venture

8. Please identify the industry sector or sectors that would best characterize your business and indicate the percent of business in each sector.

___ Service Industry	___%	___ Non-profit	___%
___ Manufacturing	___%	___ Retail	___%
___ Info. Technology	___%	___ Other: _____	___%
___ Logistics	___%	___ Other: _____	___%

9. Please provide a brief description of your challenges or needs (50 words or less).  
If you are unsure, say "unsure."

10. What are the critical business objectives for the next three months?

11. In general terms, what are the business goals for year one?

12. In general terms, what are the business goals for year two?

13. Approximately how much space (offices, lab, manufacturing space, special requirements, etc.) do you require now?

14. Are you willing to disclose sufficient information about your business to allow our staff and its advisors to properly assess your needs and develop the appropriate support package? \_\_\_ Yes \_\_\_ No

15. Do you have funds budgeted to pay for these services? \_\_\_ Yes \_\_\_ No

16. How did you hear about the Indian Hills Regional Entrepreneurship Center?

- \_\_\_ Facebook
- \_\_\_ Accountant \_\_\_\_\_
- \_\_\_ Attorney \_\_\_\_\_
- \_\_\_ Financial Institution \_\_\_\_\_
- \_\_\_ Consultant \_\_\_\_\_
- \_\_\_ Business Associate \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

17. Please identify the type(s) of assistance you are seeking:  
*(please check both the topic area and the urgency of your need)*

	<b>Topic Area</b>	<b>Very Urgent</b>	<b>Slightly Urgent</b>	<b>Not Urgent</b>
	General Business Assistance			
	Market Research			
	Marketing/Sales – Domestic			
	Marketing/Sales – International			
	Business Plan Preparation			
	Legal Services			
	Intellectual Property Support (Patents, Trademarks, etc.)			
	Contract Development and Review			
	Corporate Formation and Support			
	International (e.g. contract support, formation, IP, import/export)			
	Accounting Services			
	Financial Services			
	Management/Operations			
	Human Resources			
	Management Team Development			
	Educational Services			
	Technical Training			
	Business Planning			
	Business Skills Training			
	Other: _____			
	Business Advocacy			
	Product Development			
	Access to engineers, scientists, programmers, designers, etc.			
	Access to specialized components (e.g. sensors, chips, switches, transmitters, batteries, etc.)			
	Manufacturing/Production Services			
	Building a prototype			
	Solving a problem in your production process			
	Locating a company to manufacture your product			
	Locating equipment you can use to manufacture your product			
	Locating a company to test your product			
	Locating equipment you can use to test your product			
	Financing (Debt)			
	Financing (Equity)			
	Other: _____			

18. What do you hope to achieve by establishing a relationship with the Indian Hills Regional Entrepreneurship Center?

19. Any additional information that you feel relevant for your application for space at the Indian Hills Regional Entrepreneurship Center?

**DECLARATION**

I declare that to the best of my knowledge the information I have provided on this form is correct and that I have not omitted any facts that may have a bearing on my application. I understand that falsification of qualifications or information may lead to dismissal of my application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

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**INDIAN HILLS REGIONAL ENTREPRENEURSHIP CENTER USE ONLY**

Date Submitted: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Next Steps:

