



UCFBIP Application

The University of Central Florida Business Incubation Program (UCFBIP) is a university-driven community-supported partnership created to accelerate the success of business ventures in Central Florida. Our **Mission** is to nurture companies with the potential to create high wage jobs to help diversify the Central Florida economy. Companies seeking to become clients of the Incubation Program will be evaluated based on the eligibility requirements below.

If you are interested in joining the UCF Business Incubation Program, please complete and return the attached application. The first part of the application process includes company participation in the Excellence in Entrepreneurship (EIE) Certificate Course offered by the UCFBIP and the UCF College of Business Administration. Contact the Incubation Program for dates of the next course offering.

Space is limited in the EIE course and acceptance is based on a first-come, first-serve basis. Companies wishing to be located on-site will be required to sign a lease prior to occupancy. Companies suitable for a virtual or off-site client relationship will be required to sign a Client Agreement

Eligibility Requirements

In order to be eligible for consideration, an Incubator client should:

1. Be a for-profit business in a high growth field;
2. Have a product or service that can be commercialized within two years;
3. Be in the early stages of business development as one of the following:
 - A start-up company
 - An existing small business that is in a growth phase or changing focus
 - A "turn-around" company
 - A company that is going through a substantial restructuring
 - A company that is launching a new business project
 - A new division or subsidiary of an existing company located outside Central Florida
4. Have a basic business plan or a written description of a business and a financial forecast;
5. Have a management team in place that can demonstrate an ability to handle both the technical and managerial aspects of the business and is willing to seek and accept assistance from the Incubation Program and its network of service providers.
6. Be well-suited as a business to benefit from UCFIP services, the business incubator environment, and UCF's technical and business expertise.



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7. Have the ability to pay the Incubator's monthly rental fee for the intended term of occupancy, or monthly service fee for virtual or off-site status.
8. Have a potential for positive economic impact on the community through:
 - A technology, product or service deemed to have a high potential impact in the marketplace or community
 - Potential for rapid company growth and the associated creation of new high paying jobs
 - Positive impact on the tax base of local and state government
9. Agree to participate in the incubator's business assistance programs and to cooperate in achieving the incubation program's mission.

For further information or to discuss potential participation
in the UCF Business Incubation Program, contact us at:
UCF Business Incubation Program
12201 Research Park Suite 501
Orlando FL, 32826

University of Central Florida Incubation Program Locations

Orlando Business Development Center/District 2

3218 E. Colonial Drive, Suite G
Orlando, FL 32803
321-281-8383 tel
321-281-8380 fax
Email: mwasserm@mail.ucf.edu
Web: www.OrlandoIncubator.com

Seminole County/Winter Springs Incubator

1511 E. State Road 434, Suite 2001
Winter Springs, FL 32708
407-278-4880 tel
407-264-8332 fax
Email: evargasd@mail.ucf.edu
Web: www.incubator.ucf.edu

Technology Incubator at Research Park

12565 Research Parkway, Suite 300
Orlando, FL 32826
407-882-0202 tel
407-737-2512 fax
Email: cdykes@mail.ucf.edu
Web: www.incubator.ucf.edu

Downtown Orlando Incubator

37 North Orange Avenue
Orlando, FL 32801
407-882-0202 tel
407-317-7731 fax
Email: bizdev@mail.ucf.edu
Web: www.incubator.ucf.edu

Photonics Incubator at UCF

College of Optics and Photonics
University of Central Florida
4000 Central Florida Blvd.,
Orlando, FL 32816
407-882-1577 tel
Email: bizdev@mail.ucf.edu
Web: www.incubator.ucf.edu



UCFBIP Application Packet

Submit as many of the following items as possible.

- A. Completed Application Form
- B. Resumes or bio's for each principal of the business, including addresses and phone numbers
- C. Basic business plan or a written description of your business including financial information in the following formats:
 - Balance Sheet
 - Income Statement
 - Current Operating Budget
- D. Examples of any existing marketing literature, product descriptions, etc.

UCF Business Incubation Program Application

1. Company name: _____
Contact: _____
Title: _____
Company Address: _____
Phone: _____ Fax: _____
E-mail: _____ Website: _____
2. When and where was the company incorporated? _____
Date of incorporation _____ State of incorporation _____
3. Is your business a proprietorship, partnership, or corporation? _____
4. Contact information for the principal(s) partners, or major shareholder(s): (Use additional page if there are more than three partners)
 - A. Name _____ Title _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Cell _____
Email _____ Ownership % _____
 - B. Name _____ Title _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Cell _____
Email _____ Ownership % _____
 - C. Name _____ Title _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Cell _____
Email _____ Ownership % _____
5. Please provide the following information for all other company employees: (Use additional page if necessary.)
 - A. Name _____ Title _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Cell _____
Email _____ Full or Part time? _____
 - B. Name _____ Title _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Cell _____
Email _____ Full or Part time? _____
 - C. Name _____ Title _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Cell _____
Email _____ Full or Part time? _____

6. Please estimate future employment:

A. One year from now: full-time part-time

B. Two years from now: full-time part-time

7. Does your company have a business plan?

Yes

No

In Process

8. Briefly describe your business. What is the market need you are solving? What is the solution you are offering? Who are your target customers?

9. Do you hold proprietary rights (patents/ licenses) for the technology you are developing?

Yes

No

In Process

10. What will your monthly operating expenses be for the first 6 months? (Include items such as rent, wages, inventory, phones, marketing, association fees, etc.)

11. How will you fund your operations for the next 6 months? (ie. Cash reserves, credit cards, investment, operating revenue, bank loan, grant, etc)

12. What was/is the initial capitalization of your business?

\$0 - \$50,000

\$50,000 - \$100,000

\$100,000 - \$250,000

Over \$250,000

Have you secured any of the following to capitalize your business to date? If so, how much?

Government grant/contract \$ _____ Agencies: _____

Angel investment \$ _____ Venture capital \$ _____

Corporate partner investment \$ _____ Self funded \$ _____

Other \$ _____ Sources: _____

13. Does your company require space in the incubator facility? Yes No

A. Approximately how much space will you need? _____ square feet

B. What type of space do you need? Office Laboratory Manufacturing

C. When do you estimate you will need to take occupancy of the space? _____

D. Will your company require any special power, lighting, ventilation, materials handling, storage or water access?

Yes No

E. Will your company require any specific interior or exterior security measures? Yes No

14. Which Facility are you interested in?

15. If you will be conducting research or manufacturing operations that require the use of any chemicals, please list them below. (You will be required to provide Material Safety Data Sheets for all chemicals if your company is accepted into the Incubator.)

A. _____

B. _____

C. _____

D. _____

16. Please describe assistance that may be requested from the incubation program.

A. Clerical _____

B. Accounting _____

C. Legal _____

D. Financial _____

E. Marketing _____

- F. Production _____
- G. Technical _____
- H. Management _____
- I. Intellectual Property _____
- J. Other _____

17. If you currently have any of the following service providers, please provide the requested information:

- A. Bank name _____ Location _____
- Which of the following to you have there? Checking Savings Credit line
- B. Attorney's name _____ Firm _____
- C. Accountant's name _____ Firm _____
- D. Marketing/PR agent _____ Firm _____

18. Are you interested in utilizing co-op students or student interns? Yes No

If yes, in what capacity? _____

19. If you have an existing relationship with UCF's faculty or UCF's programs, please describe that relationship and the activities taking place.

20. Have you completed or are you currently enrolled in the Excellence in Entrepreneurship Certificate Course? *(If have completed the course, please provide copy of course certificate)* Yes No

21. How did you hear about the UCF Business Incubation Program _____

22. Will you require any reasonable accommodations due to a disability? Yes No

My signature below certifies that all of the information contained in this application is true and complete. I authorize the UCF Business Incubation Program to verify information contained in this application by contacting bank, trade or other sources. I understand that this application, when submitted, becomes the property of the UCF Business Incubation Program and will be retained by the Incubator whether or not my application is approved.

Signature: _____ Date: _____

Name (print): _____ Title: _____