

Client Application Form

Date: _____

COMPANY INFORMATION:

1) Business Name: _____

2) Current Address: _____

3) Telephone Number(s) _____

4) Fax Number: _____

5) Web Site: _____

6) Applicant(s) Name:

a. _____

Title: _____

Tel: _____

Email: _____

b. _____

Title: _____

Tel: _____

Email: _____

7) Description of the Business and Products or Services Offered. Please indicate your stage of development (conceptual, research, prototype, ready to launch, etc.):

8) Industry Focus: _____

9) Federal ID Number: _____

10) Date Business Established: _____

11) Current and expected number of employees:

Current _____ 1 Year _____ 3 Years _____

12) What describes your business most accurately? Check all that apply.

Minority Owned _____
Woman Owned _____
Veteran Owned _____
Service Disabled Veteran Owned _____
Student Owned _____

13) Special Office Requirements (handicapped access, conference/meeting space, etc.)

14) Internet Service Needs:

15) Target Date for Locating at Bowie BIC: _____

16) Provide 3 business references, with address/telephone number:

- 1) _____
- 2) _____
- 3) _____

MANAGEMENT TEAM:

1) Please list the executives who will be responsible for the company's daily business operations at Bowie BIC (include resumes and attach additional sheet if needed):

- a. Name: _____
Position: _____
Job Description: _____
Prior Experience: _____

- b. Name: _____
Position: _____
Job Description: _____
Prior Experience: _____

2) The Bowie BIC receives funding from several government sources. Please provide the following information:

Are you or members of your management team related to any current elected official at the City, County, or State level in Maryland? _____ YES _____ NO

(If YES, please provide the name and elected position of the relation.)

Name	Position/Organization
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Do you or your management team have an immediately family member who is an employee of Prince George's County, the City of Bowie, or Bowie State University? _____ YES _____ NO

(If YES, please provide the name, employer, and job position of the immediate family member.)

Name	Position/Organization
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3) Would your company be interested in taking advantage of limited consulting services provided through Bowie BIC in any of the following areas?

- a. Accounting _____
- b. Legal _____
- c. Marketing Consultant _____
- d. Financial Consultant _____
- e. Computer Consultant _____
- f. Social Media Consultant _____
- g. Certification (MBE, 8A etc.) _____
- h. Other (Explain) _____

4) A Business Plan is required with application. Do you need assistance developing or improving your Business Plan? YES _____ NO _____

5) If you are a Bowie State University alum, please provide graduation date and degree information _____

FINANCING ACTIVITIES

1) Is the company currently seeking outside funding: YES _____ NO _____
If yes, please list:

a. Source(s) _____

b. Funding amount(s)

c. Expected date of outcome(s)

2) Please indicate the funding desired in addition to above:

Next Twelve Months \$ _____

Next Three Years \$ _____

Next Five Years \$ _____

3) Please identify additional funding sources and the amount funding expected:

Owners _____

Venture Capital _____

Banks _____

Government Grants _____

Other _____

Signature: _____

Print Name: _____

Title: _____

Date: _____



Bowie Business Innovation Center

Located at Bowie State University

SUBMISSION INFORMATION

Please submit your company's Business Plan, Financial Statements, PowerPoint Presentation (*please see email*), Brochures and any other relevant information to this application and send your application to the Bowie BIC at the address below.

Please also attach a check for your **\$50.00 non-refundable application fee**. Your check should be payable to Bowie Business Innovation Center.

Applications submitted without company financial data and the application fee will not be reviewed by the Bowie BIC Client Selection Committee.