

ITB Incubation Application

Business Name	_____
Project Title:	_____
Contact Information	Email: _____ Phone: _____ Address: _____ _____
Company Details	Name _____ Tax Id# _____ Date Of Incorporation _____ Address: _____ _____
Core Qualifiers	Black Women: _____ Ex-Felon: _____ Low Income: _____ Disabled: _____
Describe Need	_____ _____ _____
Detail Business Idea	_____ _____ _____
Brief Description of your solution:	_____ _____ _____
Briefly Describe Products	_____ _____ _____
Briefly Describe your target market	_____ _____ _____
Current Team	_____ _____ _____
Describe R&D Technologies for Development	_____ _____
Service Required	Mentor _____ Branding and Marketing _____ Accounting Services _____ Business Consulting _____ Legal Services _____

	IT/ Technology Services _____ Funding _____ Secretarial _____
Infrastructure Requirement	Shared Space _____ Office Space _____ Office Suit _____ Kitchen _____ Manufacturing _____ Video Production _____ Music production _____ WIFI/Lan Access _____ Use of Conference Space _____ Other _____
Other details help to help evaluate the proposal	_____ _____ _____

Notes

- a) Providing incubation facility will be based on the recommendations from the Project Management Committee (PMC) and subject to the acceptance In The Beginning Incubator and Fund terms and conditions at the time of incubation.
- b) As per the present guidelines, individuals, Proprietary & Partnership Firms required to be registered as company and have to pay an incubation fee as decide by the committee
- c) The applicant should not disclose any confidential information with the ITB staff regarding the inventions at any stage of application or Incubation. The ITB is not responsible for any such violations/ disclosure regarding inventions conceived by him/her alone or with others during the tenure of the incubation. While availing the mentoring services, the ITB strongly encourages executing a Non-Disclosure Agreement with mentors.

Declaration

I/We hereby declare that I/we have read and understood all the terms & conditions of the Incubation Agreement of the in the Beginning Incubator and Fund, and shall follow the rules and regulations of the Incubation Center. The declaration and facts in the application are true and best to our knowledge and nothing material has been concealed.

Applicant/Director Name: _____ -

Signature: _____

Company Name: _____

Attachments

1. Copy of the Certificate of Incorporation (If Any).
2. MoA & AoA of Applicant Company (If Any).
3. Business Plan (Mandatory).
4. Resume of the Applicant and other members of the team (Mandatory).
5. One Page Draft on problem you are solving
6. Proof of Qualification