

In The Beginning Incubator and Fund

Virtual Plus 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: _____

Langston University Program Participant Yes _____ NO _____

Describe Need:

Detail Business Idea:

Brief Description of your solution: _____

Briefly Describe Products: _____

Briefly Describe your target market:

Current Team: _____

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Service Required Mentor: _____

Branding and Marketing: _____

Business Consulting: _____

IT/ Technology Services: _____

Secretarial: _____

Use of Conference Space: _____

Use of Classroom: _____

Other: _____

Other details help to help evaluate the proposal:

Signature: _____ Date: _____

Title : _____ Date: _____