# MONTGOMERY COUNTY BUSINESS CENTER INNOVATION NETWORK <br> INTAKE FORM 

Date:

## GENERAL INFORMATION

1. Legal Name of Business:
2. Current Address:
3. Website:
4. Name of President / CEO:
5. Email address of President /CEO:
6. Telephone Number of President /CEO:

## BACKGROUND ON COMPANY

1. Legal Structure of Business: $\quad \square$ C-Corp $\quad \square$ S-Corp $\quad \square$ LLC $\quad \square$ Other
2. Industry Type:
3. State or Country of Incorporation:
4. Last year's Revenue, Grants, or funds raised to date (Please detail):
a. Revenues:
b. Grants:
c. Other funds raised to date:
5. Description of Business:
6. Current number of Employees:
7. Projected number of employees within the next 6 months: 12 months: 24 months:
8. Projected Sales/Investment/Grants (please detail):
a. Sales in the next 6 months:
12 months:
24 months:
b. Investment in the next 6 months:
12 months:
24 months:
c. Other Grants in the next 6 months:
12 months:
24 months:
9. Please explain what you hope to gain from being part of the Montgomery County Business Center Innovation Network
10. How did you hear about the Montgomery County Business Center Innovation Network?
11. Desired move in date:
12. Desired space ( sf ) for Office:

Lab:
Virtual:

## OPTIONAL

1. Is the business a certified Minority Business Enterprise (MBE)? Is the business a certified Disadvantaged Business Enterprise (DBE)?
Is the business a certified Small Business Enterprise (SBE)? Is the business a certified Veteran-Owned Small Business Enterprise (VOSBE)?


## SUPPORTING DOCUMENTS REQUIRED

1. Copy of the article of incorporation or similar documentation of company structure.
2. Business plan or business proposal.
