

Advanced Technology and Manufacturing Center (ATMC)
Technology Venture Center Application

General

The Technology Venture Center (TVC) of the ATMC, UMASS Dartmouth provides office/laboratory space and support services to startup companies seeking to commercialize technology. It is managed by the Director of Operations of the ATMC with oversight by the Director of the ATMC, his External Advisory Board, and the TVC Committee of that Board. Companies seeking to enter the TVC must provide a business plan or, as a minimum, the information requested in this application for review by the Operations Director and the TVC Committee. The company will then present this plan to the Committee. If accepted by the committee, the applicant company will also provide:

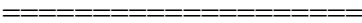
1. Certificate of \$1,000,000 general liability insurance naming as additional insured the University of Massachusetts, the Massachusetts Development Finance Agency, and Whelan Associates, LLC.
2. The first month's lease payment.
3. Any additional financial or operational information requested by the Committee.
4. Proof of insurance for automobiles to be parked in the ATMC parking lot.

Leases will be for one year, renewed annually with a maximum of three years occupancy.

The applicant will also be asked to provide a short presentation about the company to the TVC Committee. As a minimum, this presentation should provide four slides:

1. Who are you – Owners, Location, Revenues, Type of Company, etc.
2. What market are you addressing – Size (\$), number of customers, growth
3. What is your technology/product – Briefly describe your edge including IP
4. What is your plan for the ATMC – Space needed, expected hiring by year, other help (Business planning, marketing, etc.)

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I. Basic Information

Name of Business _____

Business Address _____

Telephone _____

Fax _____

Email _____

Website _____

Names of principals, other owners and investors.

Please attach C.V.'s of principals and owners.

Home Address(es) of Principal(s) (if different)

Signature of Principal

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II. Please provide your corporate mission statement and/or a concise description of your technology business enterprise and how you expect to achieve your key business objectives in the first three years. Indicate whether the (proposed) product or service is new or an improvement or an existing one. Please enclose corporate or product brochures if available.

III. Technology

Please describe the technology that best summarizes your business sector(s).

IV. Business Profile

When and by whom was the company started?

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Please indicate your company's current stage of development. (You may wish to note whether you have an idea for a product, whether a prototype or working model exists, your management structure, and how the members of your company are organized to perform its functions.)

Please attach a copy of your certificate of incorporation, if available, or indicate what business structure you have chosen:

Sole proprietorship ___ Partnership ___ S Corporation ___ C Corporation ___ Other ___

Indicate the current number of employees and anticipated number of employees.

Now _____ Next year _____ Three years from now _____

Have you ever started a company before? ___ Yes ___ No

If yes, what was your experience with it?

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V. Financial Status

Gross sales revenues last year, if any \$ _____

Net profit/loss/fiscal year \$ _____

Net worth \$ _____

What are your current sources of funding other than sales revenues?

Attach balance sheet for most recent year or indicate current assets and liabilities below. Have you ever filed for bankruptcy as either an individual or corporation? If yes, please provide details.

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VI. Marketing

Describe the market for your product or services (regional, national, international?)

Have you met with customers? Do you have an commitments from them?

Who are your competitors? What is your advantage?

Do you have a marketing plan? ___Yes ___No

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VII. Needs

Please indicate areas where you would like the incubator staff or interns to assist you in obtaining business services or access to resources.

- Research and development assistance
- Bookkeeping
- Accounting
- Legal
- Staffing
- Marketing
- Protecting intellectual property
- Capital/Financing
- Tax consultation
- Specialized lab facilities; specify:

Estimated amount of space needed (square feet)

	Office	Lab
Upon moving in	_____	_____
Next year	_____	_____
Third year	_____	_____

Do you expect to use hazardous materials? If yes, describe

Desired move-in date _____

Anticipated graduation date _____

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If you currently have a connection with the University, please describe.

VIII. For your information: Selection Criteria

- Appropriate space must be available
- Applicant should be capable of demonstrating experience or expertise in the field of technology.
- Applicant should be able to identify the market for the technology.
- Applicant should be able to demonstrate an ability to pay rent for the first six months.
- Applicant must agree to comply with all federal, state and local laws, licensing and permitting requirements, and all applicable campus policies.
- Applicant must agree to provide a written business plan within 12 months of entering program.

Applicant by signing below agrees to accept all of the above criteria. The undersigned hereby:

1. Acknowledges reading and understanding these selection criteria.
2. Acknowledges agreement to abide by incubator policies.
3. Authorizes Incubator to conduct a credit check of principals, owners and investors.

Signature

Date

Sworn to before me this _____ day of _____, 200__

Notary Public