



UCF



Stands For Opportunity

Orlando Business Development Center, District 2
Application for Incubator Occupancy

Mission

As a general business incubator, the Orlando Business Development Center, (OBDC2) will serve as an economic development tool designed to accelerate the start-up, growth and success of entrepreneurial companies through an array of business support resources and services.

Objectives

The OBDC2 will support new and existing businesses with services, physical facilities, and referrals to a network of contacts. The clients of the OBDC2 have the potential to create jobs, wealth, revitalize neighborhoods, commercialize new technologies and strengthen local, regional and national economies. The center will provide management guidance, technical assistance and consulting tailored to young, growing companies. The Center will provide access to office space, shared equipment, technology support and assistance in obtaining financing necessary for company growth. The result of this Center is to produce successful firms that will graduate from the Center financially viable and freestanding.

Application

If you feel your company qualifies, please refer to the Application Packet for further instructions. In addition to the submission of the application package, applicant companies are required to complete the Entrepreneurship Development Course offered by the Incubator and the UCF College of Business Administration. Contact the Incubator for dates of the next Course offering.

Applications are reviewed on a space-available, first-come, first-serve basis. Companies' wishing to be located on-site will be required to sign a lease prior to occupancy. Companies suitable for a virtual, or off-site, client relationship will be required to sign a Client Agreement.

Eligibility Requirements

Retail, noise producing operations, or businesses whose operations produce or result in toxic waste cannot be considered.

A company eligible to be considered for acceptance as an Incubator client should:

1. Be a for-profit business.
2. Have a product or service that can be successful in two years.
3. Be in the early stages of business development as one of the following:
 - a. A start-up company.
 - b. An existing small business that is in a growth phase or changing focus.
 - c. A “turn-around” company.
 - d. A company that is going through substantial restructuring.
 - e. A company that is launching a new business project.
 - f. A new division, or subsidiary, of an existing company located outside Central Florida.
4. Have a basic business plan or a written description of a business and a financial forecast. You will be asked to share your monthly financial statements and review them with the Executive Director.
5. Have a Management Team in place that can demonstrate their ability to handle both the technical and managerial aspects of the business and is willing to seek and accept assistance from the Incubator and its network of service providers.
6. Be well-suited as a business to benefit from OBDC2 services, the business incubator environment, and UCF’s, or other, technical and business expertise.
7. Have the ability to pay the OBDC2 Incubator’s monthly rental fees for the intended term of occupancy or monthly service fee for virtual, or off-site status.
8. Have a potential for positive economic impact on the community through:
 - a. A product or service deemed to have a high potential in the marketplace or the community.
 - b. Potential for rapid company growth and the associated creation of new jobs.
9. Agree to participate in the OBDC2’s business assistance programs and to cooperate in achieving the incubator’s goals.



Orlando Business Development Center, District 2 **Application Packet**

Submit as many of the following items as possible. An asterisk “*” indicates a required item.

- A. A complete Application Form* (A background/credit check will be done.)
- B. Resumes for each principal of the business, including addresses and phone numbers*
- C. A basic business plan, or a written description of your business and financial forecast*
- D. Financial information in the following formats:
 - 1. Balance Sheet
 - 2. Income Statement
 - 3. Current Operating Budget
- E. Examples of any existing marketing literature, product descriptions, etc.

Company Information

1. Why do you want to locate/relocate your business in the incubator?

1a. Company name:

Address:

Applicant Name:

Title:

Have you owned or operated a business previously?

*Please attach a resume.

Personal Address if different from above:

Company Phone:

Fax:

Personal Cell Phone:

Website:

Email:

2. When and where was the company incorporated?

Date of Incorporation:

State of Corp.

3. Is your business a proprietorship, partnership, or corporation?

4. Please provide contact information for the principal partner(s), or major shareholder(s): Use an additional page if there are more than 3 partners.

A. Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____ Ownership (%)

B. Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____ Ownership (%)

C. Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____ Ownership (%)

Employee Information

5. Please provide the following information for all other company employee: (Use additional page if necessary.)

A. Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____ Full or Part-time? _____

B. Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____ Full or Part-time? _____

C. Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____ Full or Part-time? _____

Tell us about your business

6. Please estimate future employment:

One year from now: Full time _____ Part-time _____

Two years from now: Full time _____ Part-time _____

7. Does your company have a business plan? Yes No In progress
(Please attach a copy.)

8. Briefly describe your business. What is the market need you are solving? What is the solution you are offering? Who are your target customers?

9. Circle the initial investment in your business?

\$0-50,000 \$50,000-100,000 \$100,000-250,000 Over \$250,000

Have you secured any of the following to capitalize your business to date? If so, how much?

Government grant/contract \$ _____ What agencies? _____

Angel investment \$ _____ Venture capital \$ _____

Corp. partner investment \$ _____ Self-funded \$ _____

Other \$ _____ Sources _____

9a. If you currently have any of the following service providers, please provide the requested information.

Bank name _____ Location _____

Attorney's name _____ Firm _____

Accountant name _____ Firm _____

Marketing/PR agent _____ Firm _____

9b. Will your company require any special power, lighting, ventilation, materials handling, storage or water access?

9c. Will your company require any specific interior or exterior security measures?

Tell us about your needs

10. Does your company require space in the incubator facility? Yes No
How much space do you need? Square footage _____

What date do you need occupancy? _____

11. What type of space do you need? Office _____
Laboratory _____ Manufacturing _____ Assembly _____

12. Please circle any assistance you may need from the incubator.

Clerical Accounting Legal Financial Marketing Production Technical
Management Other

13. Are you interested in using co-op, or student interns? Yes No
In what capacity? _____

14. If you have an existing relationship with UCF's faculty, or UCF, or Orlando City programs, please describe that relationship and the activities taking place.

15. Have you completed, or are you currently taking, the Entrepreneurship Development Course? If completed, please provide a certificate.

Yes No

16. How did you hear about the Orlando Business Development Center for District 2?

17. Will you require any reasonable accommodations due to a disability? Yes No

My signature below certifies that all the information contained in this application is true and complete. I authorize the Orlando Business Development Center to verify the information contained in this application by contacting bank, trade, or any other sources. I understand that this application, when submitted, becomes the property of the Orlando Business Development Center and will be retained by the Incubator whether or not it is approved.

Name:

Title:

Signature:

Date:

Thank you, we will be contacting you soon.

Supplemental and Optional Application Information

The following questions are for research purposes only, and will not be seen by the committee evaluating your application to the Orlando Business Development Center.

1. What is your age?
2. Male or Female?
3. What is your race/ethnic background? (Circle one)
Caucasian African American Hispanic Asian European
4. Are you a veteran? Yes No
5. What is the highest level of education that you have completed? (Circle one)
Grade 8 or less 9 10 11 High School Graduate
GED 1 College Year Associates Degree 3 College Years
Bachelors Degree Some Graduate School Masters Degree
Some Doctoral Work Doctoral Degree
6. Any Certifications?