

# Concho Valley Center for Entrepreneurial Development

2009 W. Beauregard Avenue  
San Angelo, TX 76901  
325-657-9214 *phone*; 325-657-9217 *fax*  
cvced@cvced.org

## Application for Microenterprise Incubation Program

This application is being submitted for acceptance into the Microenterprise Business Incubation/Acceleration Program of the Concho Valley Center for Entrepreneurial Development (CVCED) and for a grant, license and service agreement (Client Agreement) pursuant to such acceptance. This application must be completed in its entirety prior to consideration of the applicant company listed below for acceptance, including any additional information not listed here that CVCED staff may request as part of the application process. All proprietary and personal information of the applicant company, or persons signing this application or its attachments, will be treated as confidential in accordance with CVCED policies.

### I. Applicant Information

Name of Applicant Company: \_\_\_\_\_

Name of Person(s) completing this application: \_\_\_\_\_

Should applicant be accepted into Program, and a Client Agreement executed. Who will be responsible for the applicant company's operations at the incubator?

#### Primary Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Social Security No: \* \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Secondary Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Social Security No: \* \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Who is authorized to execute a Client Agreement? All applying entities must be legally formed under applicable law, and registered to conduct business in the State of Texas.

\_\_\_\_\_  
\_\_\_\_\_

## II. Company Information

Briefly describe your company's operations and, in particular, those operations you propose to locate at the CVCED facility: \_\_\_\_\_

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A. Check the appropriate answer(s) for all operations to be conducted at a CVCED facility:

- |   |  |
|---|--|
| <input type="checkbox"/> Administrative offices   | <input type="checkbox"/> Assembly plant                  |
| <input type="checkbox"/> Employee training center | <input type="checkbox"/> Research and development center |
| <input type="checkbox"/> Service center           | <input type="checkbox"/> Distribution center             |

B. What is (will be) your company's structure?

- |   |  |
|---|--|
| <input type="checkbox"/> Sole Proprietorship  | <input type="checkbox"/> Limited Liability Company                 |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Corporation                               |
| ( <input type="checkbox"/> GP <input type="checkbox"/> LP <input type="checkbox"/> LLP) | ( <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp) |

C. How many years (if any) has the business filed tax returns? \_\_\_\_\_

Federal Tax ID number, or employer ID: \_\_\_\_\_

In which states? \_\_\_\_\_

On what date(s)? \_\_\_\_\_

Did you file any returns as a different type of business organization other than that indicated above? \_\_\_\_\_

D. List three credit references (at least one must be a bank) which may be contacted on a confidential basis.

	Bank	Credit Reference	Credit Reference
Company Name:	_____	_____	_____
Principle contact:	_____	_____	_____
Phone number:	_____	_____	_____

Type of  
Account

\_\_\_\_ Business  
\_\_\_\_ Personal

\_\_\_\_\_

E. List all company officers (name and office):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. List all general partners/directors/managing members (name and office):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. List all shareholders/members/limited partners (name and percentage ownership):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. List present address and telephone/fax numbers of your company, if different from that listed for persons submitting application:

\_\_\_\_\_  
\_\_\_\_\_

- I. Attach copies of all organizational documents, including copies of any documents on file with a state agency, and certificates of good standing from any such states agencies. See Attachment 1.

### III. Business Plan

As part of this application, you must submit a completed business plan in form and substance acceptable to CVCED staff. Will you require assistance to complete or revise this plan? \_\_\_\_\_

### IV. Facility Information

What professional assistance/services do you anticipate requiring as part of the incubator and accelerator program? Check all that apply.

- |                                       |                                     |  |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Clerical     | <input type="checkbox"/> Accounting | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Marketing    | <input type="checkbox"/> Computer   | <input type="checkbox"/> Management      |
| <input type="checkbox"/> Other: _____ |                                     |  |

What would be your company's space requirements?

- a. How much space do you need? \_\_\_\_\_  
b. Number of offices \_\_\_\_\_  
c. List any on site office equipment to be located in offices:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- d. List your other requirements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any flammable, volatile, or toxic chemicals you propose to have on-site at any time: \_\_\_\_\_

\_\_\_\_\_

How will you dispose of your hazardous materials that cannot legally be placed in the sewer system, trash dumpster or landfill? \_\_\_\_\_

\_\_\_\_\_

Define your reasons for seeking acceptance in the CVCED facility: \_\_\_\_\_

\_\_\_\_\_

When would you need space at the CVCED facility? \_\_\_\_\_



## **Application Signature Page**

I/We understand that submission of this application is only to allow the Concho Valley Center for Entrepreneurial Development to consider the Applicant Company listed below for entry into the Microenterprise Incubator and Accelerator Program, to determine eligibility under the CDBG guidelines, and the potential execution of a client agreement with the CVCED. In no way does the issuance or acceptance of this application by CVCED, nor any assistance rendered to the Applicant Company by the CVCED staff, guarantee that the Applicant Company will be accepted into the Program or a Client Agreement executed. I/We are aware that the Board of Directors of the CVCED, in its sole discretion, will make the final determination on the acceptance of any business into the Program and the execution of any Client Agreement.

I/We are aware that this application will remain incomplete until (i) all required attachments (including a complete Business Plan) and additional information requested have been submitted to the CVCED in a form acceptable to the CVCED staff, and (ii) CVCED has completed all required criminal background and credit checks. This application will not be reviewed or acted upon by the CVCED Board until such time as it is deemed complete in the sole discretion of CVCED.

I/We are aware that data may be extracted from this application for use in anonymous statistical compilations.

I/We have received a copy of the Admissions Policy of the CVCED, and hereby certify that we have read and understand the policies.

I/We have completed or reviewed this application in its entirety and certify its accuracy. I/We release all included information to CVCED, and authorize CVCED to conduct a general criminal background checks and credit reference checks on individual applicants and/or the Applicant Company.

I/We understand that, as a condition to consideration of this application, all officers of the Applicant Company listed below will be required to submit to general criminal background checks, and execute an attached Background Information and Authorization Form.

I/We also hereby certify that we are aware of and meet the required CDBG guidelines for income limits and are willing to supply supplemental information as required to demonstrate that eligibility to receive these benefits. I/We have attached a copy of the most recently filed Form 1040 to verify household income.

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

**Attachment 1**

**Organizational Documents**

**Sole Proprietorship**

*Assumed Name Certificate*

**Partnership**

*Assumed Name Certificate*

*Partnership Agreement*

**Corporation**

*Assumed Name Certificate*

*Articles of Incorporation*

**Limited Liability Company**

*Assumed Name Certificate*

*Articles of Organization*

**Attachment 2**

**Business Plan**

**Attachment 3**

**Background Information and Authorization Form**

**Attachment 4**

**Income Tax Form 1040**  
**(for most recent year filed)**

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## Microenterprise Incubation Program Background Information and Authorization Form

This form is being submitted by the owner/officer named below of the Applicant Company listed below. This form is submitted in connection with the application (the Application for Microenterprise Incubation Program) of the Applicant Company for entry into the Microenterprise Incubation Program of the Concho Valley Center for Entrepreneurial Development (CVCED). All personal information of the officer named below will be treated as confidential in accordance with CVCED policies. One form must be completed and signed by each officer listed on the application.

### I. Background Information

Name of Applicant Company: \_\_\_\_\_

I certify that I am an officer of the Company, as listed in Section II (E) of the Application for Microenterprise Incubation Program. I am hereby providing the following mandatory information:

#### Owner / Officer Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Social Security No.\*: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\* Though inclusion of a social security number is mandatory for this application, all social security numbers will be kept confidential in accordance with applicable law. These numbers will only be used to conduct necessary background checks during the application process, to

complete any required government filings, and for any other purpose required by law or any governmental agency.

I am aware that acceptance by the CVCED of this form executed pursuant to the Application for Microenterprise Incubation Program of the Applicant Company in no way guarantees that such Application will be approved.

I am aware that CVCED may request additional information pursuant to this form and that the Application will remain incomplete until such time as the requested information is received by CVCED.

I am aware that data may be extracted from this form for use in anonymous statistical compilations.

I have completed and reviewed this form in its entirety and certify its accuracy. I release all included information to the CVCED and authorize the CVCED to conduct a general criminal background check on me for purposes of completing the Application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_