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**CATALYST INNOVATION ACCELERATOR**

**Prospective Client Confidential Application Form**

INTRODUCTION: The ultimate purpose of the Catalyst Innovation Accelerator technology incubation program is to facilitate the growth of local companies that will lead to creation of jobs in Northeast Arkansas, jobs of the quality that will attract and retain the most talented people in the work force. Catalyst seeks to engage with companies that show the potential to fulfill this purpose and that desire to leverage Catalyst resources in order to achieve it. Any prospective engagement that does not fit the foregoing criteria shall be considered on a case by case basis.

Information gathered via this form is for the purpose of enabling Catalyst to evaluate the foregoing considerations. Please complete the form with the knowledge that it is used for all types of businesses. Thus, some questions may not be relevant to a particular business.

This form is a template. You may type into the gray boxes, which will scroll automatically. You may use the ‘Tab’ key to jump from one box to the next.

1. Company Name: Enter text...
2. Web address: Enter text…
3. Type of Corporation: Enter text…
State: Enter text…
Year of Incorporation: Enter text…
4. Current Address: Enter text…
Phone: Enter text…
Identify the business’s affiliation, if any, with Arkansas State University (e.g. licensee or shared employees/officers, etc.): Enter text…
5. (a) Identify the technological/scientific field and/or industry sector of your innovative product(s)/service(s): Enter text…

(b) Briefly describe the business and products/services offered more particularly (attach separate sheet if necessary): Enter text…

(c) Provide the brand name of your primary product/service (one generating substantial portion of sales and/or the one that will be most efficient to develop for the relevant market) and identify/describe the primary customer for this product/service:
 Enter text…

1. List full name of each Officer/Director/Advisor/Member/Manager including title:
Enter text…
2. Number of current employees (indicate full time or part time (F/T, P/T)):
Enter text…
3. Number of employees projected in 2 years: Enter text…
4. Does the business possess adequate capitalization to provide for at least twelve (12) months of viable operation, including at least twelve (12) months of fees to Catalyst?
 Yes/No
5. By year, indicate the business’s gross sales for the two immediately preceding, complete calendar years: Enter text…
6. Indicate the projected increase in gross sales projected within 2 years by percentage increase: Enter text…
7. Do the business’s products/services require governmental or regulatory approvals?

Enter text…

1. Is the innovation that is the basis of the business protected by intellectual property laws (patent or copyright)? Yes/No
2. List title, serial number, owner, assignee, and jurisdiction (U.S. and/or foreign national) of any pending or issued patent, trademark, and/or copyright registrations:

Enter text…

1. Are there any intellectual property infringements or other legal issues anticipated?
Yes/No If yes, please elaborate: Enter text…
2. List and describe threats to success of the business:

Enter text…

1. List and describe major milestones projected for the business over the next 24-36 months:

Enter text…

1. What are critical business objectives for the next six (6) months?

Enter text…

1. Business service needs assessment. Please indicate the business’s current needs:
	1. Accounting Enter text…
	2. Legal Enter text…
	3. Marketing Enter text…
	4. Management Enter text…
2. Do principals of the business agree to meet with Catalyst management and/or its agents at least twice per month to discuss progress, strategy, and goals for the business?
Yes/No
3. Do principals of the business agree to support and participate in marketing of the business to prospective partners, investors, and customers? Yes/No
4. Is it anticipated that the business will enter collaborative or contractual relationships with ASU and its faculty? Enter text…
5. Is it anticipated that the business will hire students, either as interns or full or part-time employees? Enter text…
6. Will the business be a resident or virtual (no office or laboratory space needed) client of Catalyst? Enter text…
7. Target date for relocation into Catalyst facilities: Enter text…
8. If the business will be a resident client of the Catalyst program, indicate the type and square feet of space required:

Enter text… Sq. ft. – office space

Enter text… Sq. ft. – “wet” laboratory space

Enter text… Sq. ft. – other (specify type) Enter text…

1. Special scientific equipment/facility needs: if the business will need access to scientific equipment other than that owned by the business, the ‘common equipment’ located in the Catalyst laboratory facility, or the dishwasher(s) and autoclave(s) located on the first floor of the Arkansas Biosciences Institute (ABI) building, please list any other equipment needed, including equipment other than the above that is located elsewhere in the ABI building or in other ASU campus facilities:

Enter text…

1. Special facility requirements (electrical, ventilation, floor load, etc.):
Enter text…
2. Internet service needs and possible bandwidth capacity:
Enter text…
3. Additional comments:

Enter text…

Please include the following with submission of this form:

* Current business Plan.
* Most recent Annual Report.
* Brochures.
* A biographical summary for each employee (or other contractor or agent with responsibilities impacting success of the company).
* Presentation(s) made to or preparted for prospective investors, sponsors, or customers.
* Any other information deemed relevant.

If you do not have a business plan and need assistance in developing a complete Business Plan, please indicate that under the “additional comments” section above.

Return completed application and the above items, preferably via email to:

TWatson@astate.edu

Mailing address:

Catalyst Innovation Accelerator

ABI

Arkansas State University

Jonesboro, AR 72401

Phone: 870-972-2999