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**APPLICATION FOR ENTRY TO THE
UCONN TECHNOLOGY INCUBATION PROGRAM (TIP)**

The University of Connecticut Technology Incubation Program (TIP) seeks to accelerate the successful development of technology-based entrepreneurial companies by providing laboratory/office space and an array of support resources and services including business mentoring, made available through the various departments and functions of the university.

Potential clients may submit an application for an initial review of the firm's compatibility with the Program’s purpose and facilities. *Please include a summary of your business plan* *and financial information that includes the company’s current funding levels, sources of capital and future capital needs & plans as well as the company’s 3-5 year financial and operations growth projections.*

Initial screening will be done by the TIP staff. Final screening will be done by the TIP Review Committee comprised of technology commercialization staff from the Office of the Vice President for Research and from the applicable UConn campus as well as subject matter and industry experts.

All applications will be reviewed with consideration given to:

1. Company Direction and Goals

2. Technology / Product

3. Market Potential

4. Competition

5. Management Capacity

6. Financial Planning

7. Current fit with the University and anticipated collaborations and university linkages

8. Employment - Estimates

9. Interest in Participating in Educational and Advisory Opportunities3

 10. Why do you want to be part of TIP?

***Please complete the TIP application that follows,******using extra pages as needed. Please keep to a maximum of eight pages.*** *To help expedite the process, please note:*

* *Inclusion of a higher level of detail in a concise format will result in our ability to move forward without additional requests for information.*
* *Consider attaching any current or draft grant applications or other information that could support your application request.*

***Please return the completed application in .pdf format, to:* Paul Parker,** *Director, Technology Incubation Program (TIP****),* via email** at: paul.parker@uconn.edu

**Full Legal Name of Business:**

**Mailing Address:**

**Contact (person authorized to sign for the company):**

**Business Phone:**

**Cell Phone:**

**Email:**

**Date of Business Formation:**

**State of Incorporation:**

1. **Describe company’s background and its goals as you move forward:**
2. **Describe your technology, product or services offered:**
3. **Describe your current and/or potential market and its size as well as how your company and product relates to the current market.**
4. **Briefly indicate who your competitors are and describe their market, size and product range:**
5. **Describe relevant credentials of key personnel:** *(Attach CV and/or Resume for each)*
6. **Financial Planning:** *(Include a summary of your business plan* *and financial information to include the company’s current funding levels, the sources of capital, future capital needs & plans as well as the company’s 3-5 year financial projections.)*
7. **Potential University Linkages and Anticipated Collaborations**

*Please offer details of existing relationships or those that may be developed based on your review of the University’s research and academic programs. Collaboration does not include use of UConn facilities, but is most closely related to research and consulting activities with faculty and/or student involvement*:

**Research / Academic Collaborations**

|  |  |
| --- | --- |
| **Collaborator** | **Opportunity Description** |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Estimated # of Employees (EEs):**

|  |  |  |
| --- | --- | --- |
| **Timeline** | **# EEs****Full Time** | **# EEs****Part Time** |
| At time of application to TIP |  |  |
| At time of possible TIP occupancy |   |  |
| One year later |  |  |
| Two years later |  |  |

1. **Participation in educational and advisory services offered by TIP is a requirement. Please list the types of programs or topics of interest that best describe how you will participate:**

**We strongly recommend that companies in the TIP sign up for our mentoring program.**

􀀀 Yes, I am willing to have a mentor assigned to me.

􀀀 No, thank you.

1. **Why do you want to be part of TIP?**
2. **What type of space are you looking for? How much space and location?**

􀀀 Lab Space with Hood Square Footage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 􀀀 Lab Space without Hood Square Footage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 􀀀 Office Space Square Footage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􀀀 Farmington 􀀀 Storrs

I hereby certify that, to the best of my knowledge, the preceding information is true and complete. I further certify that I will report, in writing, to the Technology Incubation Program (TIP) any changes to the information contained herein.

**Name:** *(Please print)*

**Title:**

**Signature:**

**Date:**