



UCONN Technology Incubation Program
APPLICATION

The University of Connecticut Technology Incubation Program aims to accelerate the successful establishment and development of entrepreneurial companies by providing laboratory/office space and an array of support resources and services which are available through the various departments and functions at the University.

Potential clients may submit an application for an initial review of the firm's compatibility with the program's purpose and facilities. *If accepted for further consideration, a complete business plan and financial information may be required.* Final screening will be done by a review committee comprised of management staff from Office of Technology Commercialization.

All applications will be reviewed with consideration given to:

1. Company Direction and Goals
2. Technology/Product
3. Market Potential
4. Management Capacity
5. Financial Planning
6. Anticipated Collaborations and University Linkages
7. Interest in Participating in Educational and Advisory Opportunities

*Please complete the application below using extra pages as needed (type or print). A higher level of detail will result in our ability to move forward without additional requests for information. **Please consider attaching any current or draft business plans or grant applications that could be helpful to support your request.***

Full Legal Name of Business: _____

Mailing Address: _____

Contact (person authorized to sign for the company): Name _____

Phone _____ Email _____

Approximate Date of Business Formation _____

Describe the company's background and its goals as you move forward:

Describe your technology, product or services offered:

Describe your current and/or potential market and how your company and product relates to the current market:

Briefly indicate who your competitors are and describe their market, size and product range:

Describe relevant credentials of key personnel (*attach CV or resume*):

Financial Planning: (*review current and anticipated funding levels and source*)

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 student and/or faculty involvement:

Estimated # of employees:

	Full-time	Part-time
At time of occupancy		
One year later		
Two years later		

Participation in educational and advisory services offered by the Technology Incubation Program 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.

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 any changes to the information contained herein.

Please print name:

Title _____

Signature _____

Date _____

Please return to:

Rita Zangari, Executive Director

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Or

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Or (Most Preferred)

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