

HVADC AGRIBUSINESS INCUBATOR
APPLICANT SCREENING FORMS

(Submitted information will be held in confidence and used for purpose of evaluating your application for admittance into the HVADC Agribusiness Incubator program.)

Business Name:

Principal Officer(s):

Name	Title	Citizenship	ownership %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____

Contact Person: _____

Phone: _____ Fax: _____ E-mail: _____

The HVADC business assistance program has been established to help new and existing agribusiness ventures. The services provided through the program include business coaching, professional services, and referrals to local, regional, and national business resources. Please answer the following questions (and provide the requested information) so that your application can be evaluated and the proper support package can be developed to meet your needs.

1. Is this new business affiliated (as a subsidiary or division) of an establish business?
Yes No
 If yes, name of parent business: _____

2. How long have you been in business? _____
3. Are you pursuing this business: Full Time Part Time
 If Part Time indicate _____ Hrs/Week
4. How many people (including yourself) are employed in your business?
 ___ Full Time ___ Part Time
5. Projected number of employees within 12 months _____
 ___ Full Time ___ Part Time

6. Nature of Business (Please provide a brief description of product/service and nature of market. Submit product brochures and company literature, if applicable.)

7. At what stage of development are the products or services you wish to market through this business?

- Pre-Concept Stage Saleable Products/Services Stage
 Concept Stage Other (please specify) _____
 Prototype Stage

8. Current Sales Revenue (Please indicate US dollar volume per month)

\$ _____

9. Type of Funds Use to Operate Business To-Date (Check all that apply): ___
Personal Resources ___ Bank Loan ___ Private Investors ___ Sales Revenue ___
Other (Please Explain)

10. Do you have a completed business plan? Yes No If Yes, please attach. If No, what is the status: To be available by: _____

Business Plan Not Started

11. Do you need help writing a business plan? Yes No

12. Is your firm in good tax standing? Yes No

13. What areas of expertise do the principal officer(s) possess?

- Prior experience with the industry the business will be operating in.
 Technical expertise necessary to develop the product or service
 Agricultural Production
 Business management expertise
 Operations
 Accounting
 Finance
 Marketing/Sales expertise in the industry (or related industry) in which the product or service is to be sold
 Manufacturing experience in the industry (or related industry)

14. If you are aware of your business' needs, please identify the type of assistance are you seeking (please check both the topic area and the urgency of your need)

	Very Urgent	Somewhat Urgent	Not Urgent
<input type="checkbox"/> General Business Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Market Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Marketing/Sales - Domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Marketing/Sales - International	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Plan Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intellectual Property Support (e.g., patents, trademark, copyright, licenses, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Contract Development and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Corporate Formation and Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> International (e.g., contract support, formation, intellectual property, corporate import/export, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Accounting Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Financial Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Management/Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Management Team Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Educational Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Technical Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Product Development			
<input type="checkbox"/> Access to engineers, scientists, programmers, designers, etc. to assist in product development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access to specialized components (e.g., sensors, chips, switches, transmitters, batteries, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Manufacturing/Production Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Building a Prototype	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Solving a problem in your production process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Locating a company to manufacture your product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Locating equipment to manufacture your product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Locating a company to test your product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Locating equipment you can use to test your product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Financing – Debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Financing – Equity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Are you willing to disclose sufficient information about your business to allow our staff and its advisors to properly assess your needs and develop the appropriate support package?

- Yes No

Hudson Valley AgriBusiness Development Corporation
 4303 US Route 9, Hudson, NY 12534 ♦ 518-828-4718 ♦ 518-828-0901 fax ♦ www.hvadc.org

16. Do you have funds budgeted to pay for these services? Yes No

17. How did you hear about the HVADC agribusiness incubation program?

- Accountant _____
- Consultant _____
- Attorney _____
- Business Associate _____
- Financial Institution _____
- Cooperative Extension _____
- Business Advisor _____
- Other _____

Please attach the following information, if applicable:

1. Business Plan and Summary
2. Company Literature
3. Management Team Resumes
4. Project/Problem Description

Other Comments: