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, services and mentoring 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. Please include a complete 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.

Initial screening will be done by the Executive Director of TIP and the TIP staff. Final screening will be done by a TIP Application Screening Committee comprised of management staff from the Office of Economic Development and from the applicable UConn campus.

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 TIP application that follows using extra pages as needed (type or print). To help expedite the process, please note:
- Inclusion of a higher level of detail will result in our ability to move forward without additional requests for information.
- Consider attaching any current or draft grant applications, etc. that could be helpful to support your application request.

Please return the TIP Applications to:

Natalie D’Oyen
University of Connecticut
Associate Director, Technology Incubation Program (TIP)

via email at: natalie.d’oyen@uconn.edu

4/10/2014
Full Legal Name of Business:

Mailing Address:

Contact (person authorized to sign for the company):

Business Phone:

Cell Phone:

Email:

Date of Business Formation:

Describe 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 its size as well as 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 and/or Resume for each)
**Financial Planning:** (Include a complete 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.)

**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:*

**Research / Academic Collaborations**

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<tr>
<th>Collaborator</th>
<th>Opportunity Description</th>
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Estimated # of Employees (EEs):

<table>
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<tr>
<th>Timeline</th>
<th># EEs Full Time</th>
<th># EEs Part Time</th>
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<td>At time of application to TIP</td>
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<td>At time of possible TIP occupancy</td>
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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.
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: