



Incubator/Accelerator Application

Contact Information

Primary Owner Contact

Full Name: _____

Email Address: _____

Phone: _____

Company Information

Company's Legal Name: _____

DBA (if applicable): _____

Structure: Sole proprietorship Partnership (LP) LLC C-Corp S-Corp

When did you incorporate or start your business? _____

What is the primary focus of your business?

- CPG (consumer packaged goods)
- Food service product
- Catering
- Other (describe):

Describe packaged food product are you interested in taking to market?

Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply. *(this is requested for grant funding reporting)*

- Black or African American
- White
- Latino
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other
- Prefer not to say



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Financials

What are your current gross revenues in 2022? _____

What is your revenue target for 2023? _____

How is your business funded (check all that apply)?

- Self-funded Debt (banks/credit) Investors Grants Friends/Family

Products

How many product SKUs do you have? _____

Manufacturing

How are your products manufactured (check one)?

- Shared kitchen Private kitchen Contract Manufacturer Other: _____

If you self-manufacture, what is the ZIP code of your primary manufacturing location? _____

Distribution

Please indicate the number of distribution channels you have in place:

- _____ Distributors
_____ Farmer's Markets/Events
_____ Grocery Store
_____ Online Orders (Direct to Consumer)
_____ Specialty Stores/Local Retailer
_____ Other (describe): _____

Resources Needed

Which of these subjects is your business looking to address? (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Life Planning | <input type="checkbox"/> Accounting & Legal | <input type="checkbox"/> Regulatory Requirements |
| <input type="checkbox"/> Mission & Vision | <input type="checkbox"/> Quality & Shelf Life Testing | <input type="checkbox"/> Packaging & Labeling |
| <input type="checkbox"/> Business Plan Development | <input type="checkbox"/> Product Formulation | <input type="checkbox"/> Cost & Price Analysis |
| <input type="checkbox"/> Market Analysis | <input type="checkbox"/> Ingredient Sourcing | <input type="checkbox"/> Marketing & Branding |
| <input type="checkbox"/> Fundraising & Financing | <input type="checkbox"/> Food Safety | <input type="checkbox"/> Distribution & Retail Partnerships |

Signature

Printed Name

Date