



## Incubator/Accelerator Application

### Contact Information

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#### Primary Owner Contact

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Company Information

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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

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What are your current gross revenues in 2023? \_\_\_\_\_

What is your revenue target for 2024? \_\_\_\_\_

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

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

## Products

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How many product SKUs do you have? \_\_\_\_\_

## Manufacturing

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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

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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

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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 |

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Signature

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Printed Name

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Date