



SPARK

INNOVATION • ENTREPRENEURSHIP • OPPORTUNITY

A Greater Scranton Chamber of Commerce Program

Business Incubator Program Application

The Greater Scranton Chamber of Commerce operates a Business Incubator program within the TekRidge Center and the Scranton Enterprise Center. This program is tailored for start-up or expanding small businesses planning to permanently locate in Northeastern Pennsylvania.

Potential participants must submit an application and a business plan for review to assess the firm's compatibility with our Incubator's purpose and facilities. The application will be reviewed by the Advisory Committee. All information contained in the application will be kept completely confidential. *Confidentiality agreements will be signed upon request of the applicant.*

Applications will be reviewed on the following criteria:

- 1.) The potential for company growth and job creation;
- 2.) The firm's commitment to the ideals of the incubator;
- 3.) The firm's ability to benefit from the resources and services provided by the incubator;
- 4.) Compatibility with other existing tenants;
- 5.) The space available and the space required;
- 6.) Other criteria deemed appropriate by the Incubator Advisory Committee.

Application Checklist

- _____ Completed application
- _____ Business plan attached
- _____ Financial Projections – Income Statement and Balance Sheet and Cash Flow Forecast for three years.
- _____ Three years Federal Tax Returns (Business/Personal)

When the application is completed, please contact Aaron Whitney at 570-342-7711 or awhitney@scrantonchamber.com to schedule an appointment to discuss the application in further detail.



Attracting, Growing and Sustaining Jobs

GREATER SCRANTON CHAMBER OF COMMERCE

I. Applicant Information

Please print or type clearly and neatly. The application must be completed in its entirety before it can be processed. A copy of your social security card and driver's license must be attached upon submission of this application. Do not send originals.

Contact Person (Name and Position): _____

Date: _____ Business Name: _____

Address: _____

Address: _____

Phone: _____ Fax: _____

Web Site: _____ E-mail: _____

II. Business Information

Date Business Was Formed: _____

Type of Business [] Proprietorship [] General Partnership
(Check One) [] Corporation [] Limited Partnership

Business Stage [] Concept – business plan started, market defined
(Check One) [] Start-up – business plan completed, developing
Product/service
[] Expanding – business is looking to expand its operations

If the business is a partnership, provide names of all general partners. Please include social security numbers and percentage of ownership. If business partner is silent, please identify their specific business affiliation:

Name	Address	SS Number	% of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the business is a corporation, please provide the date of incorporation and names of Officers. Please include the business E.I.N number. Please attach a copy of the Board of Directors with their business affiliations:

Name	Address	E.I.N. Number

Please identify key management staff for the business (attach a full resume of each) and their position/title:

NAME	POSITION/TITLE

Please provide names of the accountant and legal counsel for this business:

NAME	PHONE NUMBER

Please attach financial statements to this application from business owners and any individuals that are guarantying loans relating to the program participation.

Bank Name	Acct. #	Balance
Business Checking Account: _____		
Business Savings Account: _____		

III. Occupancy Information

Desired date of occupancy: _____

Currently occupying: _____ Rent space in commercial facility
 _____ Space at personal residence
 _____ Other: _____

What are your approximate current space requirements?

_____ 348-850 square feet

_____ 850 + square feet

V. Business Growth Projections:

Current number of employees:

Full-time: _____ Part-time: _____

Projected number of employees in the next 12 months (please indicate part-time vs. full-time):

Full-time: _____ Part-time: _____

Projected sales for current year: _____

Projected sales in 12 months: _____

Briefly describe new capital needs for the near future. If more space is needed, please attach separate sheet of paper to this application:

_____ Start-up Capital
_____ Working Capital
_____ Equipment Lease and Purchase

Briefly describe need for additional capital in the next 2-3 years. If more space is needed, please attach separate sheet of paper to this application. :

_____ Start-up Capital
_____ Working Capital
_____ Equipment Lease and Purchase

VI. Business Incubator Participation

What types of particular (or specific) assistance do you expect from the business incubator program?

How do you think the Chamber Incubator program can assist you in developing your business? What are your particular needs as you see them relating to the services of the Incubator Program?

Please attach any additional information that will assist the Advisory Review Committee to understand and evaluate your firm's potential for growth and success.

By signature to this Application for Admittance, applicant acknowledges that the information provided is true and to the best of his/her knowledge. It is understood that the applicant acknowledges that the Chamber Incubator Facility may obtain relevant credit information/reports with respect to the applicant business and/or its principals.

Applicant's Signature

Date: _____

Applicant's Title

Applicant's Signature

Date: _____

Applicant's Title