

Santa Fe Business Incubator Guidelines for Applicants

In order to apply for admission to the Santa Fe Business Incubator program, please read the following information about the requirements and the criteria with which we choose Incubator clients. If you feel that you meet the requirements and would like to apply to the program, below is a list of steps to be completed. Please contact us at 505-424-1140 should you have any questions or wish to schedule an appointment to meet with the Program Manager and/or tour the facility.

MINIMUM QUALIFICATIONS FOR CLIENTS

1. The business must be in full-time operation once it moves into the Incubator.
2. Prior to occupancy, applicants and businesses must comply, or agree to comply, with all applicable local, state and federal regulations and ordinances, including applicable environmental laws.

EVALUATION CRITERIA

Applicants will be evaluated based on the following key criteria:

1. Potential for business growth and job creation.
2. A need for the services of the Incubator and a willingness to accept assistance when indicated.
3. The ability of the business to help diversify the local economy.
4. The viability of the business and its potential for success.
5. The business' marketing opportunities and approach.
6. The business' management team.
7. Resources available to the business.
8. Technologies appropriate to the business.
9. The compatibility of the business with the Incubator program and facility.

STEPS FOR CLIENT SELECTION

1. Complete the application and submit by one of the following:

Mail or in person to:
Santa Fe Business Incubator
3900 Paseo del Sol,
Santa Fe, NM 87507
Email: info@sfbincubator.net
Fax: 505-424-1144

2. We will review your application and you will be notified if your business is eligible for consideration. An appointment will be scheduled for a site visit and to discuss your application. You will need to then submit a copy of your business plan, including financial statements. If necessary, a second meeting will be scheduled to discuss the business plan.

The Incubator President and the Program Manager will review the business plan and if the business meets the evaluation criteria, a meeting with the Selection Committee will be scheduled.

3. You will meet with the Selection Committee at which time they may request additional information to establish or verify that the minimum qualifications are satisfied. You will be notified of their decision at the end of the meeting.

Santa Fe Business Incubator Application Form

Date: _____

Applicant's Name: _____

Company Name/Proposed Company Name: _____

Personal Address: _____

City: _____ State: _____ Zip: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

(PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY)

1. Is your business new or existing?

If it is an existing business, how long has it been in existence?

If this is a new business, what steps have you taken towards establishing your business?

Describe the stage of development your business is in at this time:

2. Ownership (sole proprietorship, partnership, corporation):

3. Names, addresses, phone numbers of additional principals, partners, or major shareholders:

4. Briefly describe your business, its products and markets:

5. Describe your background or experience with the product/service of the business:

6. Can your product or technology be patented, trademarked or protected from duplication (if applicable)?

7. Your reason for seeking entry into the program:

8. How much money do you have invested in this business?

9. How do you intend to capitalize or finance this business?

10. Estimated employees:

At time of occupancy:	Full-time _____	Part-time _____
After one year:	Full-time _____	Part-time _____
After two years:	Full-time _____	Part-time _____
After three years:	Full-time _____	Part-time _____

11. Does your business have special facility needs (high voltage, refrigeration, special security, etc.)?

12. Do you expect to use any hazardous or toxic materials? If so, describe:

13. Do you currently have the following? (Check all that apply):

_____ Business plan	_____ Business plan outline
_____ Market/feasibility study	_____ Required business permits
_____ Current financial information for business and/or principals	

14. Do you need assistance to create or complete your business plan?

_____ Yes _____ No _____ Undecided

15. What are your business strengths?

16. What potential problems do you foresee in your business, and/or in entering your market?

17. Check areas of assistance requested from SFBI:

_____ Strategy	_____ Management
_____ Financial	_____ Assembly/Manufacturing
_____ Legal	_____ Facilities
_____ Technical	_____ Other: _____
_____ Marketing	

18. Requested date of occupancy: _____

19. The business will require the following space(s) in the Incubator:

of Office units_ # of Service units__ # of Production units__

20. Are you a resident of Santa Fe County? Yes No

If yes, how long? _____

If no, do you have plans to relocate here? _____

Estimated date of relocation? _____

21. Please provide any additional information you feel is relevant:

I certify that everything I have stated in this application and attached to it is true to the best of my knowledge. I understand that you will retain this application and any attached materials whether or not it is approved.

Signature: _____ Date: _____

The information in this application will be kept confidential