

NEW YORK
AGRIDEVELOPMENT
CORPORATION

**AGRIBUSINESS INCUBATOR
APPLICANT SCREENING FORM**

(Information disclosed on application will be held in confidence and used for purpose of evaluating your application for admittance into the NYADC Business Development Program.)

Name of Business:

Principal Officer(s):

Name	Title	Ownership%	Citizenship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____

Contact Person: _____

Phone: _____ Fax: _____ E-mail: _____

The NYADC business development program has been established to help new and existing agribusiness ventures. The services provided through the program include business coaching, professional services, and referrals to local, regional, and national business resources. Please answer the following questions (and provide the requested information) so that your application can be evaluated and the proper support package can be developed to meet your needs.

1. Is this new business affiliated (as a subsidiary or division) of an establish business? Yes
 No
If yes, name of parent business: _____
2. How long have you been in business? _____
3. Are you pursuing this business: Full Time Part Time
If Part Time indicate _____ Hrs/Week
4. How many people (including yourself) are employed in your business? aaaa
 Full Time Part Time
5. Projected number of employees within 12 months _____
 Full Time Part Time

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6. Nature of Business (Please provide a brief description of product/service and nature of market. Submit product brochures and company literature, if applicable.)

7. At what stage of development are the products or services you wish to market through this business?

Pre-Concept Stage Saleable Products/Services Stage
 Concept Stage Other (please specify) _____
 Prototype Stage

8. Current Gross Sales Revenue (Please indicate US dollar volume per month) \$ _____

9. Type of Funds Used to Operate Business To-Date (Check all that apply): Personal Resources Bank Loan Private Investors Sales Revenue Other (Please Explain)

10. Do you have a completed business plan? "Yes "No

If Yes, please attach.

If No, what is the status: To be available by: _____

Business Plan Not Started

11. Do you need help writing a business plan? "Yes "No

12. Does your firm have any unpaid tax liability? "Yes "No

13. What areas of expertise do the principal officer(s) possess?

"Prior experience in the industry in which the business will be operating.

"Technical expertise necessary to develop the product or service

"Agricultural production

"Business management expertise

"Operations

"Accounting

"Finance

"Marketing/Sales expertise in the industry (or related industry) in which the product or service is to be sold

"Manufacturing experience in the industry (or related industry)

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14. If you are aware of your business' needs, please identify the type of assistance are you seeking (please check both the topic area and the urgency of your need)

	Very Urgent	Somewhat Urgent	Not Urgent
<input type="checkbox"/> General Business Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Market Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Marketing/Sales - Domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Marketing/Sales - International	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Plan Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Legal Services			
<input type="checkbox"/> Intellectual Property Support (e.g., patents, trademark, copyright, licenses, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Contract Development and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Corporate Formation and Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> International (e.g., contract support, formation, intellectual property, corporate import/export, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Permitting or regulatory			
<input type="checkbox"/> Other—please specify _____			
<input type="checkbox"/> Accounting Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Management/Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Management Team Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Educational Services			
<input type="checkbox"/> Technical Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Workforce training			
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Product Development			
___ Access to engineers, scientists, programmers, designers, etc. to assist in product development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Access to specialized components (e.g., sensors, chips, switches, transmitters, batteries, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Manufacturing/Production Services			
<input type="checkbox"/> Building a Prototype	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Solving a problem in your production process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Locating a company to manufacture your product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Locating equipment to manufacture your product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Locating a company to test your product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Locating equipment you can use to test your product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Financing – Debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Financing – Equity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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15. Are you willing to disclose sufficient information about your business to allow our staff and its advisors to properly assess your needs and develop the appropriate support package?
__ Yes __ No

16. Do you have funds budgeted to pay for services provided by the NYADC and its network?
__ Yes __ No

17. How did you hear about the NYADC agribusiness development program?

<input type="checkbox"/> "Accountant	"	_____
<input type="checkbox"/> "Consultant	"	_____
<input type="checkbox"/> "Attorney	"	_____
<input type="checkbox"/> "Business Associate	"	_____
<input type="checkbox"/> "Financial Institution	"	_____
<input type="checkbox"/> "Cooperative Extension		_____
<input type="checkbox"/> "Business Advisor	"	_____
<input type="checkbox"/> "Other	"	_____

Please attach the following information, if applicable:

1. Business Plan and Summary
2. Company Literature
3. Management Team Resumes
4. Project/Problem Description