

GERMANTOWN INNOVATION CENTER

Program Application

DATE: _____

Interests: Office space _____ Lab Space _____ Virtual Incubator Program: _____

1. Business Name: _____

2. Current Address (if applicable): _____

3. Telephone Number: _____

4. Website Address (if applicable) _____

5. Type of Business (established or described):

_____ Partnership

_____ Corporation

_____ S Corporation

_____ Sole Proprietor

_____ Other (describe) _____

6. Federal ID Number: _____

7. Date Existing Business Started: _____

8. Montgomery County Employees (#): Current _____, in 1 yr _____, in 2 yrs _____

9. Amount of office and/or lab space needed:

Office: (sq. ft): Current _____, in 1 year _____, in 2 years _____

Lab: (sq. ft): Current _____, in 1 year _____, in 2 years _____

10. Description of Special Facility Needs (if any):

11. Who will be the individuals responsible for the business's operations on a daily basis (include resumes if available):

Name: _____

Title: _____

Address: _____

Telephone Number: _____

E-Mail: _____

Name: _____

Title: _____

Address: _____

Telephone Number: _____

E-Mail: _____

12. Provide three business references, including address and telephone number:

i. _____

ii. _____

iii. _____

13. Is any individual employed by or associated with your organization, a party to any pending litigation? Yes: _____ No: _____

14. How did you learn about the Germantown Innovation Center? _____

15. What critical business milestones do you hope to achieve while residing in the Germantown Innovation Center? _____

16. Will you be seeking any external services to assist your team?

Regulatory _____

Legal _____

IP / Patent _____

Marketing _____

Financing _____

Market Research _____

Commercialization Strategy _____

HR/Recruiting _____

IT _____

Grant/Proposal Writing/Review (e.g. SBIR) _____

Product Development _____

Product Pricing _____

Other: _____

17. If the space you are requesting currently is not available, would you like to be placed on a waitlist (___Yes ___NO) or be referred to other potential sites or site location resources (___Yes ___NO)?

TO APPLY:

Please forward to BioHealth Innovation (22 Baltimore Road, Rockville, Maryland 20850 // *BHI@BioHealthInnovation.org*) a copy of your:

- (a) Completed Program Application,
- (b) Non-Confidential Business Plan (Word Doc/PowerPoint presentation),
- (c) Brochures or other pertinent information, and
- (d) Key management resume(s)/vita(ae).

FOR QUESTIONS/MORE INFORMATION, PLEASE CONTACT:

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