



# ROCKVILLE INNOVATION CENTER

## Program Application

DATE: \_\_\_\_\_

Interests: Office space \_\_\_\_\_ Co-working 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 coworking space needed:

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

Coworking space (seats) 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?

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 Rockville Innovation Center? \_\_\_\_\_  
\_\_\_\_\_

15. What critical business milestones do you hope to achieve while residing in the Rockville Innovation Center? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Will you be seeking any external services to assist your team (please describe)?

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](mailto: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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