

# Downstate Biotechnology Incubator Application

Business Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

## SECTION I: CONTACT INFORMATION

<b>Contact Person</b>		
Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	First Name _____	Last Name _____
Phone #: _____	Fax #: _____	Email: _____

## SECTION II: BUSINESS INFORMATION

<b>Current Business Address:</b>		
_____		
<i>Number and Street</i>		
_____		
<i>City, State and Zip Code</i>		
_____	_____	_____
<i>Phone #</i>	<i>Fax #</i>	<i>Email</i>

### Principal #1:

Dr. <input type="checkbox"/>	_____	_____	_____
Mr. <input type="checkbox"/>	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
Ms. <input type="checkbox"/>	_____	_____	_____
Ownership (%)	_____	_____	_____
	<i>Phone #</i>		<i>Email</i>

### Principal #2:

Dr. <input type="checkbox"/>	_____	_____	_____
Mr. <input type="checkbox"/>	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
Ms. <input type="checkbox"/>	_____	_____	_____
Ownership (%)	_____	_____	_____
	<i>Phone #</i>		<i>Email</i>

### Principal #3:

Dr. <input type="checkbox"/>	_____	_____	_____
Mr. <input type="checkbox"/>	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
Ms. <input type="checkbox"/>	_____	_____	_____
Ownership (%)	_____	_____	_____
	<i>Phone #</i>		<i>Email</i>

*Please attach separate sheet(s) for any additional Principals.*

### Other Person(s) Authorized to Negotiate/Contract on behalf of Business:

Dr. <input type="checkbox"/>	_____	_____	_____
Mr. <input type="checkbox"/>	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
Ms. <input type="checkbox"/>	_____	_____	_____
Phone #	_____	_____	_____
	<i>Email</i>		

Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
	<i>Phone #</i>	<i>Email</i>	

***Please attach separate sheet(s) for any additional authorized persons.***

Describe Company's Objective and Products/Services:

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Do the Business or its Principals Have Any Current/Prior Relationship with BioBAT, NYCEDC, SUNY, SUNY RF or SUNY Downstate, or its personnel? \_\_\_ Yes \_\_\_ No

If yes, please describe: \_\_\_\_\_

Business Operations began/will begin in (month/year): \_\_\_\_\_ Incorporated in: State \_\_\_\_\_ Year \_\_\_\_\_

Capitalization \$ \_\_\_\_\_ FY 20\_\_\_\_ Operating Budget: \$ \_\_\_\_\_ FY 20\_\_\_\_ Sales Revenues: \$ \_\_\_\_\_ FY 20\_\_\_\_

Number of Employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Research/Science \_\_\_\_\_ Tech/Other

### **SECTION III: REQUIREMENTS**

Approximate Space Required: Wet Lab \_\_\_\_\_ sq. ft. Office/Other \_\_\_\_\_ sq. ft. Total \_\_\_\_\_ sq. ft.

Required Start Date of Occupancy (approx.): Month \_\_\_\_\_ Year \_\_\_\_\_ Length of Occupancy (approx.): \_\_\_\_\_ yrs

	<u>Required</u>	<u>Number (if applicable)</u>	<u>Preferred</u>	<u>Number (if applicable)</u>
Vacuum	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fume Hoods (1 per lab)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Biosafety Hoods	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Gas	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Benches	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Hazardous Materials	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
A. Type		_____		_____
B. Estimated Amounts		_____		_____
C. How will you handle		_____		_____
Radioactive Materials	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Animal Facility	<input type="checkbox"/>	For: _____	<input type="checkbox"/>	For: _____

Other (specify): \_\_\_\_\_

**Please submit this completed application along with your Business Plan, which includes R&D Plan, audited financial statements, resumes of principals, and supporting documentation to:**

**David Norton**  
**Executive Director, Downstate Biotechnology Incubator 450 Clarkson Ave., MSC 129, Brooklyn, NY 11203-2098**  
**Phone: 718-270-4632, Fax: 718-270-1878 Email: [david.norton@downstate.edu](mailto:david.norton@downstate.edu)**