



**MONTGOMERY COUNTY BUSINESS CENTER
INNOVATION NETWORK
INTAKE FORM**

Date:

GENERAL INFORMATION

1. Legal Name of Business:
2. Current Address:
3. Website:
4. Name of President / CEO:
5. Email address of President /CEO:
6. Telephone Number of President /CEO:

BACKGROUND ON COMPANY

1. Legal Structure of Business: C-Corp S-Corp LLC Other
2. Date Business Established:
3. Industry Type:
4. State or Country of Incorporation:
5. Last year's Revenue, Grants, or funds raised to date (Please detail):
 - a. Revenues:
 - b. Grants:
 - c. Other funds raised to date:
6. Description of Business:
7. Current number of Employees (Please answer in the format: in MD/outside of MD):
8. Projected number of employees within the next (Please answer in the format: in MD/outside of MD):

6 months:	12 months:	24 months:
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9. Projected Sales/Investments/Grants within the next (Please answer in the format: in MD/outside of MD):

a. Sales in the next	6 months:	12 months:	24 months:
b. Investment in the next	6 months:	12 months:	24 months:
c. Other Grants in the next	6 months:	12 months:	24 months:
10. Please explain what you hope to gain from being part of the Montgomery County Business Center Innovation Network

11. How did you hear about the Montgomery County Business Center Innovation Network?

12. Desired move in date:

13. Preferred location: Life Sciences- MedTech- AI-North Other - Silver
 Germantown (GIC) Rockville (RIC) Bethesda (AI) Spring (SSIC)

14. Desired space (sf) for Office: Lab: Virtual:

OPTIONAL - BUSINESS CERTIFICATIONS

1. Please select all that apply:
- | | |
|---|---|
| a. Minority Business Enterprise (MBE)? | d. Veteran-Owned Small Business Enterprise (VOSBE)? |
| b. Disadvantaged Business Enterprise (DBE)? | |
| c. Small Business Enterprise (SBE)? | e. Other: _____ |

SUPPORTING DOCUMENTS REQUIRED

1. Copy of the article of incorporation or similar documentation of company structure.
2. Business plan or business proposal.