

Pre-qualification Questionnaire

* Required

1. **Today's Date ***

Example: December 15, 2012

2. **Primary Owner Name ***

3. **What percentage of the business do you own/
will own? (Please use a number) ***

4. **Mailing Address ***

5. **Phone ***

6. **Email ***

Business Details

7. **Business Name ***

8. **Is this the actual name or proposed name? ***

Mark only one oval.

Actual

Proposed

9. **Website**

10. Business Type *

Check all that apply.

- Sole Proprietor
- LLC/LLP
- S Corp
- Non- Profit
- C Corp
- Undecided

11. Steps Completed in Business Start-up *

Check all that apply.

- Business is fully operational
- Business Licence(s)
- Business Filings (LLC, S,Corp, Non-Profit, C Corp)
- Professional Licence(s)
- Business Banking
- Tax ID
- Nothing Yet

12. If fully operational, how long? (Years/ Months)

13. If you have business licence(s), what location(s)?

14. If you have business filings (LLC, S,Corp, Non-Profit, C Corp), when did you file?

15. Please list your professional license(s) below.

16. Please provide a detailed description of your business. *

17. Have you completed a business plan? *

Mark only one oval.

- Fully Completed
- Partial
- Unsure how to start

18. Have you filed tax returns for business related activity?

Mark only one oval.

- Yes
- No

19. In what year(s) did you file?

20. Was this for the business on the application?

Mark only one oval.

- Yes
- No

Financial Assessment

21. How much do you expect for start up cost? *

22. How much have you or will you personally invest into the business? *

23. What will be your monthly expenses? *

24. What are your sales projections for the next 3 years? *

25. If you are already in business, please provide historical sales numbers.

Pre-qualification Initial Questionnaire

The Incubator program is a comprehensive process provided to eligible entrepreneurs who demonstrate their willingness to fully commit to the program. The client would be responsible for paying a program fee. The program includes dedicated small business assistance, monthly reporting requirements, mandatory quarterly meetings, consistent facility usage requirements, professional development recommendations, and client collaboration/ support request. Each business operates as an individual business but the incubation program is a team effort.

26. Why do you feel your business would benefit from the incubator program? *

27. What types of resources do you feel you will need to be successful? *

28. Is there anything that would prevent you from fully committing to the program? *

29. What facility requirements do you need? *

30. Which facility are you interested in? *

Mark only one oval.

Florence

Lake City

The Kelley Center for Economic Development or representatives of Francis Marion University do not guarantee success or positive outcomes for your business. The staff will also not act as representatives or agents for your business. Our goal is to provide resources to assist you in the development of your business for the duration of your time in the program.

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