



4717 Campus Drive, Kalamazoo, MI 49008 (269-353-1823)

AFFILIATE APPLICATION

Date: _____

How did you learn about this organization? *(Be specific, i.e., bank, newspaper article, individual, website)*

Name/Title: _____ Phone: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

S.S.# _____ - _____ - _____ D.O.B. _____

Educational Institutions/Degrees: _____

Name of Company: _____

State & Date of Incorporation: _____

Type of Business: life science _____ information technology _____ other _____

Briefly describe business:

Describe your target market:

How long have you been in business? conceptual stage _____
less than 1 year _____ less than 5 years _____ more than 5 years _____

Legal entity (proposed): proprietorship _____ partnership _____ LLC _____ corporation (type) _____

Number of employees (if applicable): Full-time _____ Part-time _____

List the principal officer(s): (Attach additional pages if necessary)

Principal 1

Name _____ Title _____

Street Address _____ E-Mail _____

City _____ State _____ Zip _____

Phone (1) Home _____ (2) Business _____ (3) Pager _____

Educational Training/Degrees _____

Current Occupation _____

Principal 2

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (1) Home _____ (2) Business _____ (3) Pager _____

Educational Training/Degrees _____

Current Occupation _____

List and describe ALL past, outstanding, and pending legal actions against your company and/or its officers:

What type of assistance are you seeking from the Southwest Michigan Innovation Center? (check all that apply)

Technical or management assistance _____

Access to capital _____

Western Michigan University resources _____

Other _____

What is your business background? How does it help in developing this business?

What is (will be) the primary source of financing for your business (in percentage)?

_____% Personal Resources ____% Private Investors ____% Venture Capital ____% Operating Income
_____% Bank Debt ____% Other (indicate nature) _____

Estimate the investment to date in your business:

\$0-\$50,000 _____ \$100,000-\$250,000 _____ \$500,000-\$1,000,000 _____
\$50,000-\$100,000 _____ \$250,000-\$500,000 _____ \$1,000,000+ _____

What amount of the above investment did the principal(s) contribute? \$ _____

If additional financing is needed, how will it be obtained? _____

How will proceeds from additional financing be distributed?

Equipment \$ _____ Working Capital \$ _____ Other \$ _____ Total \$ _____

Bank References (include name of bank official handling account): _____

Legal Counsel: _____

(Firm, contact name, address, phone, email)

Accountant: _____

(Firm, contact name, address, phone, email)

THE SOUTHWEST MICHIGAN INNOVATION CENTER (SMIC) WAS CREATED TO FOSTER ENTREPRENEURIAL ACTIVITY BY PROVIDING ASSISTANCE TO EMERGING LIFE SCIENCE, INFORMATION TECHNOLOGY, AND OTHER HIGH TECHNOLOGY BUSINESSES.

IN ADDITION TO THIS COMPLETED APPLICATION FORM, A FORMAL REQUEST FOR INCUBATOR SPACE IN THE SMIC FACILITY MAY INCLUDE A COMPLETED BUSINESS PLAN, WRITTEN BY THE ENTREPRENEUR, INCLUDING AT LEAST TWO YEARS OF CASH FLOW PROJECTIONS; PROOF OF WORKER'S COMPENSATION AND GENERAL LIABILITY INSURANCE; AND A REPORT OF ANY LITIGATIONS PENDING AGAINST THE APPLICANT OR PRINCIPLES INVOLVED.

THE SOUTHWEST MICHIGAN INNOVATION CENTER (SMIC) IS A NON-PROFIT ENTITY, OFFERING ITS COUNSELING SERVICES AT NO COST TO ITS CLIENTS. ACCORDINGLY, SMIC DISCLAIMS ANY AND ALL LIABILITY AND RESPONSIBILITY FOR ITS CLIENTS' BUSINESSES AND THEIR BUSINESS ENDEAVORS. ALL DECISIONS CONCERNING CLIENT BUSINESSES ARE AND SHALL REMAIN THE SOLE RESPONSIBILITY OF ITS OWNER(S).

Signature

Date

Return this form and a complete, non-confidential business plan with executive summary to:

Sandra Cochrane, COO
Southwest Michigan Innovation Center
4717 Campus Drive, #100
Kalamazoo, MI 49008

Or email the materials to Scochrane@kazoosmic.com

Additional Required Materials that will be Required if Approved for Phase II

- Issued patents for technology of the business
- Patents for technology licensed by the company
- Articles of Incorporation & Bylaws
- Articles of Organization and Operating Agreement (for LLCs)
- Resume of all company founders
- List of Board members, including addresses and telephone numbers
- Ownership List including names, addresses, and percentage of ownership
- Copy of financial statements for 12-month period
(if not available, then personal banking records and a banking reference)
- Projected Milestones to be accomplished in next 12-month period
(List of 3-8 items such as: submit 2 SBIR grant proposals; raise \$X in private equity; complete initial tox testing on lead compound; begin Phase II clinical trails; hire 2 research scientists; etc.)