

Entrepreneur Solutions Application

| | |
|-------------------------|----------------------|
| Company Name: | <input type="text"/> |
| Main Contact Name: | <input type="text"/> |
| Title: | <input type="text"/> |
| Address: | <input type="text"/> |
| City/State/Zip | <input type="text"/> |
| Phone: | <input type="text"/> |
| Fax: | <input type="text"/> |
| Email: | <input type="text"/> |
| Website: | <input type="text"/> |
| Number of Employees: | <input type="text"/> |
| Current Annual Revenue: | <input type="text"/> |
| Date Incorporated: | <input type="text"/> |
| Type of Corporation: | <input type="text"/> |

Does your company operate as: Please mark one or more that are applicable.

| | |
|------------------------|--------------------------------|
| Business to Consumer | Not yet determined |
| Business to Business | Other details, please specify: |
| Business to Government | |
| Business to Nonprofit | |

What are your specific goals/ main issues that you want to address through the Entrepreneur Solutions Program? (for this and later questions please use an attachment if you need more space)

Who are your 3 main competitors or closest similar enterprises?
(include company names and websites)

| |
|----|
| 1. |
| 2. |
| 3. |

Which of the following areas do you have covered/services do you have in place for your business? Please mark all that apply.

Legal:

Intellectual Property / Patents
Corporate Law
Government Contracts
Employment/Labor
Tax
Other (describe)

Marketing/Communications:

Product / Service marketing
Advertising
Public Relations
Investor Relations
Other (describe)

Financing:

Angel Investment
Venture Capital Investment
Commercial Banking
Other (describe)

Business Planning:

Employee Benefits
Strategic Planning
Real Estate/Facilities Management
Risk Management
Other (describe)

Accounting:

Bookkeeping
CPA
Tax Accounting

What functions/members of your team do you have in place?

CEO VP Sales and Marketing
COO VP Business Development
CFO Financial Comptroller
CTO CMO
CIO Other, please specify

What funding have you received to date if applicable?

Friends and Family \$

Angel \$

Venture Capital \$

Bank Loans \$

Other \$

Still looking for funding, if so how much? \$

Do you have any of the following? Please mark all that apply and send your plans as an attachment along with this questionnaire.

Executive Summary of Business Plan
Full Business Plan
Financial Model/Projections
Marketing Materials
Other

Have you filed for patent(s)?

Yes
No

If yes, have these been approved or are you waiting for approval?

Approved

Waiting for approval

Do you have a Board of Advisors?

Yes

No

-If yes, please attach a list of names and affiliations.

Do you have a Board of Directors?

Yes

No

-If yes, please attach a list of names and affiliations.

Do you have any customers or contracts? Please describe
(customer name and/or type of customer, approximate value and duration of contract (s))

Please describe your target market(s). If possible describe potential market size and growth goals.

Please list relevant business organizations of which you are currently a member:

Please attach your Bio/CV along with Bio/CV for any key management team members

Mail to:
The Entrepreneur Center @ NVTC
2214 Rock Hill Road
Suite 300
Herndon, VA 20170

Or Fax to: The Entrepreneur Center @ NVTC 703-904-8008