

Naples Accelerator Application

I. Applicant Information:

Name _____

Company Name _____

Title _____

E-Mail _____

Address _____

Phone _____

City/State/Zip _____

Number of full-time Employees _____

Phone _____

Number of part-time Employees _____

Form of Business: LLC Partnership Corporation IRS tax election(S or C) _____

Sole Proprietor If business is a joint venture (brief description): _____

Date business formed: _____

EIN (employer identification number): _____

Names, Addresses of Members, Individuals, Partners, or Shareholders: (ownership interest in % or shares)

Name/Title/Phone Number of Company Officers:

Bank Reference:

Account Number, Contact, Title, and Phone Number:

Trade References: Company Name, Address, Contact and Title, and Phone Number

Nature of Business: _____

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II. General Description of Business:

Why was this business formed?

What is the history of the business?

Describe market research activities that have been done:

Describe your potential customers:

Why do your potential customers need your product/services?

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III. Space and Resource requirements and preferences:

Space needed now and in the future:

Resources needed now and in the future:

Length of expected use of the Accelerator:

- 3 months
- 6 months
- 12 months
- 24 months or longer

Financing needed for the next 12 months of operation (indicate amount and sources):

Major business activities planned for the next 2-5 years:

Major business activities planned for the next 12 months:

Financing needed for the next 2-5 years of operation (indicate amount and sources):

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IV. Confidentiality:

You may request that your project information (including information contained in this application) be confidential per F.S. 288.075, Confidentiality of Records for a 12 month period, with an additional 12 month extension available upon request for projects still under consideration.

If you wish to request confidentiality for information contained within the General Project Overview to be held confidential pursuant to section 288.075, Florida Statutes, please submit **with this application** a request on company letterhead and signed by an authorized company officer including the following statement:

On behalf of (Legal Name of Applicant), please accept this letter as a request for all documents, records, reports, correspondence, conversations, applications, data and other sources of information concerning our business plans, interests, or intention to evaluate or locate in Florida as well as other trade secrets, identification, account, and registration numbers, and proprietary confidential business information be held confidential pursuant to section 288.075, Florida Statutes for a period of 12 months after the date of receipt of this request for confidentiality or until the information is otherwise disclosed, whichever occurs first. This request covers all applicable economic development agencies, including but not limited to Enterprise Florida and the Department of Economic Opportunity.

V. Certification and Release:

The Naples Catalyst Accelerator is managed by Southwest Florida Workforce Development Board, Inc., and is a nonprofit entity operated by Collier County. All of the statements made in this application are true, accurate, and complete to the best of my knowledge. I understand that any false statement or material omission may lead to disqualification of this application and/or termination of the Accelerator Services Agreement.

I understand that this application may be denied after review and in consideration of said review and other good and valuable consideration agree to waive all rights of administrative and judicial review of said denial and agree that I may seek a review by the Naples Catalyst Accelerator Executive Director, whose decision will be the final determination with regard to my application for participation in the Naples Catalyst Accelerator.

I understand this application and supporting materials may be reviewed by Southwest Florida Workforce Development Board, Inc., and its Accelerator Application Committee, and release said information for all purposes related thereto.

I authorize Southwest Florida Workforce Development Board, Inc., and its officers or assignees to contact references given, as well as to secure credit and criminal background reports on the persons applying for participation in the Naples Catalyst Accelerator.

**Note: the provisions of the Fair Credit Reporting Act may be applicable if a credit report is obtained and considered.*

I understand that no landlord-tenant, agency, or employment relationship will be created by completion of this application or acceptance into the Naples Catalyst Accelerator.

I am authorized to make the statements contained herein and to act on behalf of the persons listed herein for applying for use of the Naples Catalyst Accelerator.

If the person(s) applying herein are accepted to use the Naples Catalyst Accelerator the undersigned authorizes the use of the logos and names of the Person(s) listed herein for the purpose of publicizing said acceptance and marketing the Naples Catalyst Accelerator.

All information submitted in connection herewith, is complete and accurate and contains no misstatements, misrepresentations, or omissions of material facts, to the best of his or her knowledge and belief.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

DATE: _____