

## APPLICATION FOR TENANCY

Please complete all sections of the following questionnaire and return to:

**Mississippi Enterprise for Technology  
Building 1103, Suite 143  
John C. Stennis Space Center, MS 39529-6000**

The Mississippi Enterprise for Technology (MsET) is a joint effort of the Mississippi Development Authority, NASA, and a consortium of Mississippi universities. The mission of MsET is to create and retain high-skill, high-wage jobs in the state of Mississippi through the commercialization of state and federal technologies. To that end, MsET operates a technology business incubator designed to foster entrepreneurial activities and to provide low-overhead facilities and a comprehensive suite of technological and business services to new and emerging companies.

Potential Resident Client Companies may submit an application for initial review of the firm's compatibility with MsET's mission and facilities. **If accepted for further consideration, a complete application package and financial information will be required** (see last page of this application for details). The complete application will undergo Staff and Technology Reviews with final approval authority being reserved by the MsET Board of Directors.

This application will be judged on the following criteria:

- The technology on which the company is based.
- The commitment of the principals.
- The potential for company growth and jobs creation.
- The need for support services provided by MsET.
- Market potential.
- Other factors deemed relevant.
- The company's clear intention to locate and remain in Mississippi.

Please complete the following questions. If you need extra space, please attach additional pages. Please **type or print** your responses.

### GENERAL INFORMATION

Name of Business \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

1. Is your business: New \_\_\_\_\_ Existing \_\_\_\_\_ Since \_\_\_\_\_ (year)

2. Form of Business: (Check one)

- Partnership \_\_\_\_\_
- Corporation \_\_\_\_\_
- Sub 'S' Corporation \_\_\_\_\_
- Not for Profit \_\_\_\_\_

3. Describe your business, its products/services, and the technology on which it is based.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Estimate the investment to date in the business:

\$0 - \$50,000 \_\_\_\_\_ \$100,000 - \$150,000 \_\_\_\_\_  
\$50,000 - \$100,000 \_\_\_\_\_ Over \$150,000 \_\_\_\_\_

5. What amount of the above investment was contributed by the principals? \_\_\_\_\_

6. Do you require additional capital to take your product/service to market and achieve sales goals? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Estimate additional capital required: \_\_\_\_\_

8. Are you willing to sell a portion of your company in order to secure additional capital? Yes \_\_\_\_\_ No \_\_\_\_\_

## THE COMPANY AND MANAGEMENT TEAM

9. Describe your company's stage of development: (Check one)

Idea/concept \_\_\_\_\_

Product/service development \_\_\_\_\_

Marketing product/service \_\_\_\_\_

10. Is the company licensed to do business in Mississippi? Yes \_\_\_\_\_ No \_\_\_\_\_

11. What revenues from sales have been made to date? \$ \_\_\_\_\_

12. List the individuals that will serve as your company's Board of Directors, including their positions, and qualifications (**include an organizational chart reflecting all levels of organization and resumes of corporate officers**).

NAME	BOARD POSITION	QUALIFICATIONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. List the principal individuals who will be responsible for the company's operations on a daily basis (include resumes of the individuals described below within your application package):

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRIOR EXPERIENCE \_\_\_\_\_

RELATED TO THIS \_\_\_\_\_

POSITION: \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

PRIOR EXPERIENCE  
RELATED TO THIS  
POSITION:

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(CONTINUE ON BACK OF THIS SHEET IF NECESSARY)

14. Estimate the total number of employees (including principals) anticipated...

At the time of occupancy:	Full-time _____	Part-time _____
One year later:	Full-time _____	Part-time _____
Two years later:	Full-time _____	Part-time _____
Three years later:	Full-time _____	Part-time _____

15. Does the company currently utilize outside professional advisors (i.e. accountants, lawyers, etc.)? Yes \_\_\_\_ No \_\_\_\_

16. What services will you be seeking from MsET?

Please check and describe service below:

	Description of Service Desired	
Accounting	_____	_____
Legal	_____	_____
Financial Assistance	_____	_____
Computer Assistance	_____	_____
Marketing Assistance	_____	_____
Product Assistance	_____	_____
Technology Assistance	_____	_____
Other:	_____	_____
	_____	_____
	_____	_____

17. Estimate square footage required to conduct your business:

1st Year	Office _____	Manufacturing _____
	Lab _____	Other _____
2nd Year	Office _____	Manufacturing _____
	Lab _____	Other _____
3rd Year	Office _____	Manufacturing _____
	Lab _____	Other _____

### **MARKET POTENTIAL**

18. Do you have a marketing plan (If Yes, include with application)?

Yes \_\_\_\_\_ No \_\_\_\_\_

19. Is there a working prototype of your product/service? Yes \_\_\_\_\_ No \_\_\_\_\_

20. Can your product/service be patented? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

21. Must you obtain any regulatory or trade association approvals for your product/service?

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

22. How long has it taken to develop your product/service? \_\_\_\_\_

23. Describe your target market in terms of size, rate of growth, purchasing characteristics, noticeable trends, etc.)

24. Describe the characteristics of your target market which lead you to believe there is demand for your product (i.e. size, rate of growth, purchasing characteristics, noticeable trends, etc.).

25. List your top 5 competitors. Describe their products, pricing, and marketing practices.

26. Describe your competitive advantage. How does your product/service answer the needs of your target market and what makes it better than your competitors' products/services?

27. What market channels do you plan to utilize? (Check all that are applicable)

- Direct sales force
- Direct mail
- Retail Outlets
- Catalogues
- Value-added
- Resellers
- Other
- \_\_\_\_\_

28. Discuss the rationale for using the market channels chosen above to build customer awareness.

29. Have you performed a thorough cost analysis of producing a single unit of your product/service? (If Yes, include with application) Yes  No

## **OPERATIONS**

30. Do you require any specialized equipment or facilities? If so, please describe below.  
Yes  No

31. If you answered yes to question #30 above, do you plan to purchase or lease this equipment? Lease  Purchase

32. Do you plan to outsource any portion of your production/service operations? If Yes, please describe below. Yes  No

## **RISK FACTORS**

33. Briefly describe the potential risk factors which may impact your company. Below are some common risk factors, though all may not apply to your business. Use back of this page or a separate page if necessary.
- a. Economic (i.e. inflation, recession, interest rates, etc.)
  - b. Financial
    - obtaining financing
    - repayment of financing
  - c. Intellectual Property Protection
  - d. Regulatory
  - e. Technological
  - f. Marketing
  - g. Reaction of Competitors
  - h. Manufacturing
  - i. Product Development
  - j. Expertise of Management Team
  - k. Other

If your application is approved and you wish to apply for formal acceptance to the Mississippi Enterprise for Technology, the following items may be required in addition to your application:

1. **Signed credit consent forms** from all officers of the corporation as listed in bylaws.
2. A **report of any litigation pending** against the applicant or principles involved.
3. **Proof of Worker's Compensation and General Liability insurance.** Worker's Compensation insurance will include employer's liability for all employees as required by applicable state and federal regulations. Applicant must also maintain comprehensive general liability insurance against claims for bodily injury and death, personal injury, and/or property damage that occur in or about the Leased Premises. Such insurance will provide at least \$500,000 coverage with respect to any one occurrence and will include fire legal liability endorsement.
4. **Business Plan** -- A business plan is not required for admission to MsET. Companies without business plans may be admitted under the condition they complete a comprehensive business plan **within 90 days** of admission. The staff of MsET is available to assist in the preparation of this plan. However, you may wish to follow a *Business Planning Guide* (in which MsET can provide upon request) to prepare a DRAFT copy.
5. **Current financial statements.**