Please fill out the information below and be as detailed as possible. Intellectual property creation and/or protection remains the sole responsibility of your company and you should not share any proprietary or confidential information. Please submit application to incubator@aquillius.com.

SECTION 1: COMPANY INFORMATION					
APPLICATION DATE:					
COMPANY NAME:					
ADDRESS:					
CITY:		**STATE:**		**ZIP CODE:**	
WEBSITE:					
TAX ID:					
ENTITY TYPE:	☐ Sole Proprietorship	☐ Partnership	☐ LLC		
	☐ C-Corp	☐ S-Corp	☐ B-Corp	☐ Nonprofit	
INCORPORATION DATE:		**INCORPORATION STATE:**			
SECTION 2: CONTACT INFORMATION					
PRIMARY CONTACT					
FIRST NAME:		**LAST NAME:**			
EMAIL:		**PHONE #:**			
SECONDARY CONTACT					
FIRST NAME:		**LAST NAME:**			
EMAIL:		**PHONE #:**			
SECTION 3: SPACE & EQUIPMENT NEEDS					
What is your desired move-in date?					
How long do you anticipate needing the space for?					
How many individuals do you anticipate will operate on site at the Aquillius Incubator during the first year?					

What types of space are you interested in?

Space Type	How many?
Desk:	
Cubicle:	
Private Office:	
Lab Bench:	
Private Lab Suite:	

What equipment do you use for your company operations? (Check all that apply.)

☐ Fume hood	☐ Autoclave	☐ Deionized water	☐ 3D printer
☐ Biological safety cabinet	☐ Histology processing	☐ Ultrapure water	☐ Laser cutter
☐ Cell culture incubator	☐ Flow cytometer	☐ Vacuum	☐ CNC
☐ Cell counter	☐ Plate reader	☐ Compressed air	☐ Surface Mount technology
☐ Microscope	☐ Autoclave	☐ Oxygen	☐ Wire bonding/soldering
☐ Western blot	☐ PCR/qPCR	☐ Carbon dioxide	
☐ Imaging system	☐ Luminometer	☐ Nitrogen gas	

Do you have other equipment needs? (Please specify and attach additional pages as needed.)

Do you have any equipment that you own and would need to bring into the incubator space?

Describe your cold storage needs (Refrigerator, -20°C, -80°C, or liquid nitrogen)

Other Needs (Check all that apply.)

- ☐ Cleanroom environment
- ☐ Access to vivarium space for animal studies
- ☐ Centralized purchasing system
- ☐ Access to scientific literature
- ☐ R&D support services
- ☐ Engineering support services
- ☐ Manufacturing support services
- ☐ Business development support

What are some amenities/perks that are important for you and your team?

SECTION 4: HAZARDOUS MATERIAL USAGE

Will you be working with any of the following? (Check all that apply.)

- ☐ Flammable liquids, solids, or gases
- ☐ Large volumes (> 4L) of flammable organic compounds
- ☐ Large volumes (> 4L) of corrosive liquids
- ☐ Materials requiring the use of a respirator
- ☐ Animal cells or tissues
- ☐ Immortalized cell lines
- ☐ Recombinant DNA
- ☐ Cell lines, viruses, bacteria, or other organisms classified as BSL-3 or BSL-4
- ☐ Human derived blood, body fluids, tissue, or blood-borne pathogens (BBP)
- ☐ Equipment generating sounds > 70 dB
- ☐ X-rays, gamma rays or ultraviolet light
- ☐ Class 3B or higher laser systems
- ☐ Will you be conducting experiments in vessels greater than 9 liters (2.5 gal)?
- ☐ Schedule V-II DEA-controlled substances

***Please note, the following items are banned: Schedule I controlled substances, ethidium bromide, radioactive isotopes/materials, and BSL-3 and BSL-4 agents.**

Please let us know if there are any other types of activities, materials, or equipment that may have Environmental Health and Safety issues or concerns that have not been identified.

SECTION 5: COMPANY DESCRIPTION

1. **Please provide a short description about your company such as the mission, vision, and/or technology. Include a brief description about your company's operations. (Do not include any proprietary or confidential information).**

2. **What industry best describes your business (life science, biotech, pharma, medtech, consumer product, etc.)?**

3. **Please provide the Standard Industrial Classification code and corresponding descriptive information. To search for your SIC code visit the U.S. Department of Labor's website at www.osha.gov/data/sic-search and click on the SIC Manual for a complete list.**

4. **What stage best describes your company (discovery, prototype, MVP, pre-clinical, clinical, small volume manufacturing, etc.)?**

5. **Do you have a Business Plan, Executive Summary, or Pitch Deck? If so, please provide as attachment.**

6. **Does your company have general liability insurance? If so, what are the policy limits?**

7. **Does your company have workers compensation insurance?**

8. **Will you be able to provide Certificates of Liability for your insurance policies before move-in?**

9. Does your company have prior incubator/accelerator experience? If so, please describe.

10. Please describe how you anticipate your company will contribute to the Aquillius Incubator community.

SECTION 6: TEAM INFORMATION	
How many employees does your company currently have?	
How many employees does your company plan on hiring in the next year?	

Please provide a brief biography of your company's leadership team. You may include advisory board members (Attach additional pages as needed).

Name	Biography, LinkedIn Link, or attach Resume/CV

SECTION 7: FINANCIALS

What are your current funding sources (grants, contracts, sales, angel, and/or VC)? Please describe.

Do you have any planned fundraising rounds? Please describe.

Do you anticipate needing access to additional capital? Please describe.

Please provide the following as attachments to your application package.	
☐	Most current Profit and Loss Statement
☐	Most current Cash Flow Statement
☐	Most recent 3 months bank statements
☐	3-5 year financial pro forma
☐	Business Plan, Executive Summary, or Pitch Deck
☐	List and description of equipment needs (as needed)
☐	Biographies, Resumes or CVs of leadership team (as needed)
☐	Any additional document you would like to include that may be helpful for your application