



HVADC
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Hudson, NY 12534
518.432.5360
888.317.5556 fax
www.HVADC.org

Incubator Without Walls Applicant In-Take/Assessment Form

The ***Incubator Without Walls Program*** has been established to help new and existing agribusiness ventures. The services provided through the program include business coaching, professional services, and referrals to local, regional, and national business resources. Please answer the following questions so that your application can be evaluated, and the proper support package can be developed to meet your needs.

Please attach the following information, if applicable:

Document	Attached (Y or N)
1. Business Plan and Summary	
2. Company Literature	
3. Management Team Resumes	

Submitted information will be held in confidence and used for purpose of evaluating your application for admittance into the ***Incubator Without Walls Program***.

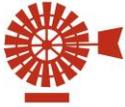
Business Name:		
Contact Name:		
Address:		
City/Town	State	Zip
Phone:	Fax:	
Email:		

Principal Officer(s):

Name	Title	Ownership %	US Citizen?

Business Support Professionals:

Accountant:	Phone:
Bookkeeper:	Phone:
Other:	Phone:



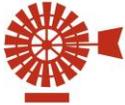
1. Is this a new business? Yes <input type="checkbox"/> (skip to 6) No <input type="checkbox"/>	2. How long have you been in business? _____	3. How many employees (including yourself)? _____ FT _____ PT
4. Current Annual Sales? \$ _____	5. Is your firm in good tax standing and current with filings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Source of funds used to operate to date? <input type="checkbox"/> Personal <input type="checkbox"/> Bank Loan <input type="checkbox"/> Private Investor <input type="checkbox"/> Sales Revenue		
7. Funds you have to invest: <input type="checkbox"/> \$0 <input type="checkbox"/> \$100-\$1,000 <input type="checkbox"/> \$1,001-\$3,000 <input type="checkbox"/> More than \$3,000		
8. Credit Rating: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Don't know		
9. How many employees do you plan to hire in the next two years? _____		

10. What type of business counseling/assistance are you seeking?			
<input type="checkbox"/> Start Up	<input type="checkbox"/> Business plan preparation	<input type="checkbox"/> Managing the business (accounting, record keeping, etc)	<input type="checkbox"/> Human Resource
<input type="checkbox"/> Legal	<input type="checkbox"/> Ag production	<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> Tax planning
<input type="checkbox"/> Financing	<input type="checkbox"/> Buy/Sell business	<input type="checkbox"/> Cash flow management	<input type="checkbox"/> ID a location
<input type="checkbox"/> Permits	<input type="checkbox"/> Technology (website, computers)	<input type="checkbox"/> Other _____	

Please provide additional details for what you selected above:

Please specify any other assistance/counseling you are seeking if not listed above:

11. Are you willing to disclose sufficient information about your business to allow our staff and its advisors to properly assess your needs and develop the appropriate support package?
 Yes No



12. Are you willing to allow HVADC to use your name/photo in promotional materials that may include but are not limited to print, website, email or other HVADC marketing materials?

Yes No

Demographics: HVADC has received funding to provide services to clients in traditionally underserved populations. This portion of the form helps HVADC to report to on whether HVADC has reached the targeted populations. Completion of this section is optional and your response (or decision not to respond) will not affect your application. All reporting on demographics will be in aggregate and no individuals or businesses will be identified.

Pronouns (Our team refers to clients using the pronouns you select or input below):

She/her He/his They/them _____

Gender:

Female Male Nonbinary _____

Prefer not to answer

Are you transgender?

Yes No Prefer not to answer

How do you identify:

Lesbian Bisexual Demisexual Fluid

Gay Pansexual Questioning

Heterosexual or straight _____

Prefer not to answer

Please select the category or categories you would use to describe yourself (This information helps us when applying for and completing grant applications):

Asian Black/African Caucasian/White

Hispanic/Latinx Middle Eastern/North African Native American

Pacific Islander _____ Prefer not to answer

Veteran:

I am not a veteran. (I did not serve in the military.)

I am a veteran.

I choose not to identify my veteran status.

Signature	Date
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