

FOR HIGH TECHNOLOGY FOUNDATION USE ONLY (110513)	
Date Received:	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Review:



PRELIMINARY APPLICATION FOR PRODUCT COMMERCIALIZATION SERVICES

Thank you for your interest in the INNOVA commercialization program.

If you can answer yes to ALL of the questions below, we would like to learn more about you and your product. In order to better serve you and determine the type of services needed, please complete and return the following preliminary application.

Please submit a completed application for each product or product prototype. Incomplete applications will be returned to applicants.

An INNOVA commercialization manager will promptly review your completed application and contact you to discuss further.

PLEASE ANSWER THE FOLLOWING QUESTIONS:		
Do you have a product or prototype?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your product unique?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your product solve a problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a market for your product?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a West Virginia-based business organized or incorporated in the state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If not, please be advised that INNOVA can only consider applicants for assistance who are West Virginia-based entities. If you have plans for relocation, we ask that you include those plans as an attachment to this application.</p>		

I understand that submission of this preliminary application does not guarantee business development services, commercialization services, or investment from the High Technology Foundation.

I also understand that the High Technology Foundation may be required by State or Federal agencies, auditors, or private entities to disclose general data provided by me in this preliminary application.

SIGNATURE OF APPLICANT: _____

PRINTED NAME: _____

CONTACT INFORMATION:					
Date Completed:					
Name:					
Title or Relationship to Company:					
Company Name:					
Address:					
City:		State:		Zip Code:	
County:					
Phone:		Fax:			
E-mail:		Company Website:			
How did you learn about INNOVA?					
Have you contacted INNOVA previously?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, with whom did you work?					
Have you, your company, or any subsidiaries or parent organizations ever previously worked with or contacted the High Technology Foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, with whom did you work?					
WHAT SPECIFIC SERVICES ARE YOU SEEKING?					
<input type="checkbox"/> Product Evaluation		<input type="checkbox"/> Business Support Services (accounting, legal, etc.)			
<input type="checkbox"/> Business Planning		<input type="checkbox"/> Software Prototyping and Testing Facilities			
<input type="checkbox"/> Market Research		<input type="checkbox"/> Incubator Space			
<input type="checkbox"/> Management Resources		<input type="checkbox"/> Investment Capital			
		<input type="checkbox"/> SBIR Application Assistance			
DESCRIBE YOUR PRODUCT AND ITS ATTRIBUTES:					

STAGE OF PRODUCT DEVELOPMENT: (Please check as many as applicable and provide an explanation in the Comments section.)	
<input type="checkbox"/>	<u>Working Model</u> Demonstrates the concept, may be fractional in scale, made from available materials, may not include all bells and whistles.
<input type="checkbox"/>	<u>Engineering Prototype</u> Full-scale model, instrumented for testing critical performance.
<input type="checkbox"/>	<u>Production Prototype</u> Full-scale model, designed to manufacture a quality product in volume with automated production machinery.
<input type="checkbox"/>	<u>Product Introduction</u> Product is fully developed except for customer specific requests and requirements; product has some limited customer sales or customer trial sites. May or may not be supported by marketing efforts.
<input type="checkbox"/>	<u>Sales</u> Product is completely developed and ready for volume customer deployment, product has been fully introduced to the marketplace, has significant customer sales and infrastructure in place to support those sales.
COMMENTS:	

DESCRIBE THE NEED FOR YOUR PRODUCT:	
WHAT ARE THE END USES OR POTENTIAL APPLICATIONS?	
WHAT FUNCTIONS ARE PERFORMED AND WHAT PROBLEMS ARE SOLVED?	
HOW SIGNIFICANT IS THE NEED?	
CAN THE VALUE OF THE PRODUCT BE QUANTIFIED IN TERMS OF TIME AND/OR MONETARY SAVINGS?	
WHAT EVIDENCE/DATA EXISTS THAT DEMONSTRATES THE VALUE OR NEED FOR THE PRODUCT?	
COMPETITION:	
WHAT ALTERNATIVE PRODUCTS OR METHODS EXIST TO SATISFY THE NEED ADDRESSED BY THIS PRODUCT?	
WHO ARE THE MAIN COMPETITORS? PLEASE LIST AND PROVIDE LINKS TO WEBSITES.	

INTELLECTUAL PROPERTY STATUS:			
		Intellectual Property Ownership	
		Business (list name):	Individual (list name):
<input type="checkbox"/> Patent Pending	Date Filed:		
<input type="checkbox"/> Patent	Date Filed:		
<input type="checkbox"/> Exclusive License	Date Filed:		
<input type="checkbox"/> Nonexclusive License	Date Filed:		
<input type="checkbox"/> Copyright Pending	Date Filed:		
<input type="checkbox"/> Copyright	Date Filed:		
<input type="checkbox"/> Trademark	Date Filed:		
<input type="checkbox"/> Provisional Patent	Date Filed:		
COMPANY TYPE:			
<input type="checkbox"/> C Corporation		<input type="checkbox"/> S Corporation	
<input type="checkbox"/> Limited Liability Company (LLC)		<input type="checkbox"/> Partnership	
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Not Yet Formed	
Date Incorporated/Organized:		State of Incorporation/Organized:	
Does your company or product require any unique regulatory approval, permits or insurance coverages? If yes, please provide details as an attachment. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check appropriate box that best describes your company's main business activity:			
<input type="checkbox"/> Advanced Materials		<input type="checkbox"/> Manufacturing-Consumer	
<input type="checkbox"/> Biotechnology		<input type="checkbox"/> Manufacturing-Industrial	
<input type="checkbox"/> Chemicals		<input type="checkbox"/> Medical/Health & Safety	
<input type="checkbox"/> Computer Hardware		<input type="checkbox"/> Pharmaceuticals	
<input type="checkbox"/> Computer Software		<input type="checkbox"/> Photonics	
<input type="checkbox"/> Defense		<input type="checkbox"/> Subassemblies/Components	
<input type="checkbox"/> Education & Training Technology		<input type="checkbox"/> Telecommunications/Internet	
<input type="checkbox"/> Energy		<input type="checkbox"/> Test & Measurement	
<input type="checkbox"/> Environmental		<input type="checkbox"/> Transportation	
<input type="checkbox"/> Law Enforcement		<input type="checkbox"/> Other _____	
Standard Industrial Code (SIC) applicable to your company's main business operation: _____ (You can find SIC at www.osha.gov .)			
North American Industry Classification System (NAICS) code applicable to your company's main business operation: _____ (You can find NAICS codes at www.census.gov/eos/www/naics/ .)			
IS YOUR BUSINESS CLASSIFIED AS:			
<input type="checkbox"/> 8(a)	<input type="checkbox"/> HUB Zone Firm	<input type="checkbox"/> Veteran Owned	<input type="checkbox"/> Woman Owned

CURRENT EMPLOYEES:	
Types of employees currently employed by your company:	Current number of employees (or percentage of total employees) per category:
a) Professional/Scientific	
b) Management	
c) Technical	
d) Skilled Labor	
e) Unskilled Labor	
f) Other (please describe)	
DESCRIBE THE BACKGROUND AND CREDENTIALS OF THE MANAGEMENT TEAM AND/OR ENTREPRENEUR. INCLUDE INDUSTRY SPECIFIC EXPERIENCE AND FORMAL/INFORMAL ADVISORS OR BOARD MEMBERS:	
DESCRIBE YOUR THOUGHTS ABOUT THE LONG-TERM PROSPECTS FOR YOUR PRODUCT/COMPANY (CONTINUED OPERATION, LICENSING, SALE, IPO, ETC.):	

FINANCING:	
If you are contacting INNOVA for funding, what is your total estimated capital needed?	\$ _____
What amount of capital are you requesting from INNOVA?	\$ _____
Total Investment to Date: (Sum of amounts below)	\$ _____
Source of Investment: <input type="checkbox"/> Self-funded	\$ _____
<input type="checkbox"/> Family and Friends	\$ _____
<input type="checkbox"/> Angel Investor(s)	\$ _____
<input type="checkbox"/> Venture Capital	\$ _____
<input type="checkbox"/> Bank	\$ _____
<input type="checkbox"/> Grants (SBIR, etc.)	\$ _____
<input type="checkbox"/> Other	\$ _____

Has your company received funding from any of the following programs in the past three (3) years?			
a) Small Business Innovation Research (SBIR)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
b) Small Business Technology Transfer (STTR)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
c) Small Business Administration (SBA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Do you have a business plan available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

Please submit application via mail, fax or e-mail to:

INNOVA Commercialization Group
ATTENTION: Guy Peduto
1000 Galliher Drive, Suite 1000
Fairmont, WV 26554
Direct Phone: (304) 333-6769
Toll Free Phone: (877) 363-5482
Fax: (304) 333-6881
E-mail (if completed in MS Word): gpeduto@wvhtf.org

