



## Part 4: Client Information

### Type of Business: (Mark only one—primary business category)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accommodations & Food Service        | <input type="checkbox"/> Health Care & Social Assistance           | <input type="checkbox"/> Public Administration          |
| <input type="checkbox"/> Administrative & Support             | <input type="checkbox"/> Information                               | <input type="checkbox"/> Real Estate, Rental & Leasing  |
| <input type="checkbox"/> Agric., Forestry, Fishing, & Hunting | <input type="checkbox"/> Management of Companies                   | <input type="checkbox"/> Retail Trade                   |
| <input type="checkbox"/> Arts, Entertainment, & Recreation    | <input type="checkbox"/> Manufacturing                             | <input type="checkbox"/> Transportation & Warehousing   |
| <input type="checkbox"/> Construction                         | <input type="checkbox"/> Mining                                    | <input type="checkbox"/> Utilities                      |
| <input type="checkbox"/> Educational Services                 | <input type="checkbox"/> Other (except Public Admin)               | <input type="checkbox"/> Waste Management & Remediation |
| <input type="checkbox"/> Finance & Insurance                  | <input type="checkbox"/> Professional, Scientific, & Tech Services | <input type="checkbox"/> Wholesale Trade                |

Business Website:

Social Media Accounts:

### What is the nature of counseling you are seeking? (Mark all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Start-up Assistance              | <input type="checkbox"/> HR / Managing Employees       | <input type="checkbox"/> Franchising                     |
| <input type="checkbox"/> Business Plan Development        | <input type="checkbox"/> Business Accounting / Budgets | <input type="checkbox"/> eCommerce / Technology          |
| <input type="checkbox"/> Financing / Capital              | <input type="checkbox"/> Cash Flow Management          | <input type="checkbox"/> Legal Issues                    |
| <input type="checkbox"/> Marketing / Sales                | <input type="checkbox"/> Tax Planning                  | <input type="checkbox"/> International Trade / Export    |
| <input type="checkbox"/> Managing a Business              | <input type="checkbox"/> Buy / Sell Business           | <input type="checkbox"/> Mentorship                      |
| <input type="checkbox"/> Customer Relations               | <input type="checkbox"/> Government Contracting        | <input type="checkbox"/> Employee Training / Internships |
| <input type="checkbox"/> Intellectual Property Management | <input type="checkbox"/> Product / Process Development | <input type="checkbox"/> Real Estate (Own & Lease)       |

Describe specific assistance requested in space provided.

## Part 5: Submittal

### Who/what prompted you to contact us? (Mark all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Bank            | <input type="checkbox"/> Email/Newsletter                  | <input type="checkbox"/> County Agency           |
| <input type="checkbox"/> Business Owner  | <input type="checkbox"/> Chamber of Commerce               | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> Media/TV/Radio  | <input type="checkbox"/> Other Business Incubator          | <input type="checkbox"/> Word of Mouth           |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Economic Development Organization | <input type="checkbox"/> Other: (specify) _____  |

### Form may be returned via:

Email: [info@incworks.org](mailto:info@incworks.org) (Scanned PDF file only)

Fax: (607) 962-0645

Mail: 109 Canada rd., Painted Post, NY 14870

Please retain a copy for your records. Please contact Ashleigh Madison at (410) 713-8612 if you are not contacted within three (3) business days.

## Incubatorworks Staff Only

Intake Form Collected By:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Entered into Database By:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Contact Made By:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Meeting Date:

Partner(s) Referred to:

## **INCUBATORWORKS MENTORSHIP PROGRAM TERMS AND CONDITIONS**

IncubatorWorks offers business mentorship services to its entrepreneurial clientele on the following terms and conditions. By submitting your application, you acknowledge and agree that you have read, understood, and accepted the following.

### **PURPOSE AND SCOPE.**

The purpose of IncubatorWorks mentorship services is to provide you (the client) with general guidance oriented toward your success and growth as a startup or entrepreneurial venture. We may: assist you in developing your business plan and marketing strategies; introduce you to community partners and professionals whose services you may wish to engage; raise awareness of your business among our business and professional community and alert you to potential opportunities; furnish access to IncubatorWorks staff and provide general guidance within our knowledge and experience. We do not furnish legal advice, accounting services, brokerage services, or other professional services subject to licensure requirements. We do not guarantee your success in business or your securing funding or needed third-party services. We undertake no fiduciary obligations to mentorship clients, and we make no warranty of the quality of mentorship services or their fitness for your particular purposes. Mentorship services may be furnished by IncubatorWorks staff or by third-party volunteers in our business community from time to time.

### **NO CONFIDENTIALITY.**

Because our mission is to make connections between people and to expose our clients' businesses to potentially synergistic opportunities, IncubatorWorks does not undertake obligations of confidentiality with respect to client information, or sign nondisclosure agreements. We do furnish aggregated information regarding the businesses we serve, to our funding agencies and community partners.

### **DURATION.**

Mentorship services at IncubatorWorks are furnished on an at-will basis and may be terminated at any time for any lawful reason. We internally review our clients' status within one year after commencement of mentorship, to determine whether the mentorship relationships are active or have ended. In all cases, unless renewed by mutual written agreement, your mentorship services will end one year after commencement.

### **NO LICENSE/AGENCY.**

By furnishing mentorship services to you, we do not permit you to use Incubatorworks' name, logo, or other proprietary information in your business or marketing materials. You are not permitted to state that IncubatorWorks or any IncubatorWorks personnel are affiliated with your business, except to the extent that you are a recipient of mentorship services and our mentorship relationship has not been terminated. As a recipient of mentorship services, you are not an agent or partner of IncubatorWorks and you are prohibited to hold yourself or your business out as such.