

Location **Corning Incubator** 109 Canada Rd Painted Post, NY 14870

> **Alfred Incubator** 200 N Main St Alfred, NY 14802

| Part 1: Contact | | | | | |
|--------------------------------------------------------------------------------|----------------|-------------|-----------------------------|-----------|-------------|
| Name: (Last, First, MI) | | | Phone: | (Primary) | (Secondary) |
| Street Address/PO Box: (give business address if currently in business) | | Email: | | | |
| City: | State: | Zip: | Fax: | | |
| Preferred Method of (| Communicating: | | Preferred Appointment Time: | | |
| □ Email | ☐ Phone | ☐ In-Person | Morning | □ Noon | ☐ Afternoon |
| I have read and understand the Mentorship Program Terms and Conditions. | | | | | |
| Client Signature: | | Date: | | | |

| Part 2: Service Requested | | | | | |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|--|
| Select All That Apply: Co.Starters Enrollment Bu | | Business Consultation | Business Incubator Space Rental | | |
| Part 3: Consultation / Incubator Information | | | | | |
| Stage of Business: Thinking of starting a business In process of starting or | What is the legal entity of you business? Sole Proprietorship | n Name of Business: | MWBE Certification Status: Certified Application in process | | |
| acquiring a business Currently own a business in operation less than 1 year Currently own a business in | Partnership S-Corporation Corporation LLC | Number of Employees: Full time Part time | □ Certification denied □ Have not applied □ Not eligible | | |
| operation for 1 to 5 years Currently own a business for more than 5 years | Nonprofit Other Unknown at this time | Gross Income Generated by Business: (for existing firms only) \$2018 Annual | Veteran / Military Status: Non-Veteran Veteran Service-disabled Veteran Member-Reserve or Natl. Guard | | |
| | | \$2019 Annual | □ On Active Duty | | |

| Part 4: Client Information | | | | | | |
|-------------------------------------------------------------|-------------------------------|----------------------|---------------------------------|--|--|--|
| Type of Business: (Mark only one—primary business category) | | | | | | |
| Accommodations & Food Service | Health Care & Social | Assistance | Public Administration | | | |
| Administrative & Support | Information | | Real Estate, Rental & Leasing | | | |
| Agric., Forestry, Fishing, & Hunting | Management of Con | npanies | 🗖 Retail Trade | | | |
| Arts, Entertainment, & Recreation | Manufacturing | | Transportation & Warehousing | | | |
| Construction | 🗖 Mining | | □ Utilities | | | |
| Educational Services | Other (except Public | Admin) | Waste Management & Remediation | | | |
| Finance & Insurance | 🗆 Professional, Scienti | fic, & Tech Services | □ Wholesale Trade | | | |
| Business Website: Social Media Accounts: | | | | | | |
| | | | | | | |
| What is the nature of counseling you are s | | | | | | |
| Start-up Assistance | HR / Managing Employees | 🗆 Fra | chising | | | |
| Business Plan Development | Business Accounting / Budgets | | mmerce / Technology | | | |
| Financing / Capital | Cash Flow Management | | al Issues | | | |
| Marketing / Sales | Tax Planning | 🗆 Int | ernational Trade / Export | | | |
| Managing a Business | Buy / Sell Business | | entorship | | | |
| Customer Relations | Government Contracting | | Employee Training / Internships | | | |
| Intellectual Property Management | Product / Process Developmer | it 🗆 Re | Real Estate (Own & Lease) | | | |
| Describe specific assistance requested in s | pace provided. | | | | | |

| Part 5: Submittal | | | | | |
|------------------------------------------------------------|-----------------------------------|-------------------------|--|--|--|
| Who/what prompted you to contact us? (Mark all that apply) | | | | | |
| 🗆 Bank | Email/Newsletter | County Agency | | | |
| Business Owner | Chamber of Commerce | Educational Institution | | | |
| □ Media/TV/Radio | Other Business Incubator | □ Word of Mouth | | | |
| Internet Search | Economic Development Organization | Other: (specify) | | | |
| | . 2 | | | | |

Form may be returned via: Email: 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: | | Entered into D | Entered into Database By: | | Initial Contact Made By: | |
| Name: | Date: | Name: | Date: | Name: | Date: | |
| Initial Meeting Date: | | Partner(s) Ref | 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.