



Florida State
 Minority Supplier
 Development Council

**ECONOMIC GARDENING INCUBATOR
 PROGRAM APPLICATION**
 Funded by Miami - Dade County

COMPANY INFORMATION

Business Name: _____

FEIN _____ **Business Phone Number** _____

Date Company was Established: _____ **DUNS#** _____

Current Business Address: _____

Web Address: _____ **E-Mail Address:** _____

Type of Business Structure:

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> C – Corporation	<input type="checkbox"/> S - Corporation
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company

Indicate Business Stage:

<input type="checkbox"/> Idea	<input type="checkbox"/> Seed or Development
<input type="checkbox"/> Pre-launch	<input type="checkbox"/> Startup, Launch
<input type="checkbox"/> Established	<input type="checkbox"/> Growth and Expansion
<input type="checkbox"/> Maturity	<input type="checkbox"/> Exit Plan

How did you hear about the Incubator Program? _____

REQUIRED STATISTICAL INFORMATION (Check all that apply)

Business Owned By:

<input type="checkbox"/> Female (100%)	<input type="checkbox"/> Female (At least 51%)
<input type="checkbox"/> Male (100%)	<input type="checkbox"/> Male (At least 51%)

Minority Owned Business: Yes No

Demographic Information:

<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> American
<input type="checkbox"/> Asian & White	<input type="checkbox"/> American & White	<input type="checkbox"/> Indian/Alaskan Native & White
<input type="checkbox"/> American Indian or Alaskan Native & Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other: Multi Racial

Number of Current Employees:

_____	Full Time (Include Owners)
_____	Part Time
_____	Total Employment

FY 2019 INCOME LIMITS
Effective as of April 24, 2019

Area Median Income (AMI): \$54,900 - **Please check the appropriate family size and income**

Family Size	Extremely Low (30% of Median)	Very Low (50% of Median)	Low (80% of Median)
1	<input type="checkbox"/> \$ 17,800	<input type="checkbox"/> \$ 29,650	<input type="checkbox"/> \$ 47,450
2	<input type="checkbox"/> \$ 20,350	<input type="checkbox"/> \$ 33,900	<input type="checkbox"/> \$ 54,200
3	<input type="checkbox"/> \$ 22,900	<input type="checkbox"/> \$ 38,150	<input type="checkbox"/> \$ 61,000
4	<input type="checkbox"/> \$ 25,750	<input type="checkbox"/> \$ 42,350	<input type="checkbox"/> \$ 67,750
5	<input type="checkbox"/> \$ 30,170	<input type="checkbox"/> \$ 45,750	<input type="checkbox"/> \$ 73,200
6	<input type="checkbox"/> \$ 34,590	<input type="checkbox"/> \$ 49,150	<input type="checkbox"/> \$ 78,600
7	<input type="checkbox"/> \$ 39,010	<input type="checkbox"/> \$ 52,550	<input type="checkbox"/> \$ 84,050
8	<input type="checkbox"/> \$ 43,430	<input type="checkbox"/> \$ 55,950	<input type="checkbox"/> \$ 89,450

OWNERSHIP INFORMATION
Use separate sheet to list additional owners

Owner's Name: (1) _____ **Title:** _____

% of Ownership: _____

Owner's Name: (2) _____ **Title:** _____

% of Ownership: _____

Owner's Name (3): _____ **Title:** _____

% of Ownership: _____

Owner's Name (4): _____ **Title:** _____

% of Ownership: _____

ACKNOWLEDGMENT & SIGNATURES

The information contained in this FSMSDC Business Incubator application is provided for the purpose of applying for tenancy to the FSMSDC Business Incubator. The information is accurate to the best of the applicant's knowledge. The applicant understands that personal and/or business information may be requested pursuant to this application and hereby grants consent for such information to be provided to the FSMSDC Business Incubator. The applicant understands that FSMSDC Business Incubator retains sole decision whether this application is approved, disapproved or modified.

Completion and submission of the application by the applicant to the FSMSDC Business Incubator is merely a request for entrance and shall not be construed as an approval or a commitment by the FSMSDC Business Incubator.

The applicant agrees to hold harmless the FSMSDC Business Incubator, its staff, employees, agents, volunteers, officers, and trustees from any and all claims, injury, cause of action whatsoever, whether previously, now or hereafter incurred, from any acts or omissions by the FSMSDC Business Incubator, its staff, employees, agents, volunteers, officers, and trustees pursuant to any technical assistance provided.

The applicant agrees that the FSMSDC Business Incubator assumes no responsibility for the success or failure of the applicant's existing or proposed business venture. The role of the Business Incubator is consultative in nature and any advice or information offered may or may not be used per the applicant's discretion. Therefore, the applicant releases the FSMSDC Business Incubator and its staff, employees, agents, volunteers, officers, and trustees from any liability associated with the applicant's existing or proposed business venture.

The client signing below certifies that the information given above is true and accurate to the best of his/her knowledge.

Business Name: _____

Authorized Signature: X _____ **Signer's Printed Name:** _____

Signer's Title: _____ **Date:** _____

Authorized Signature: X _____ **Signer's Printed Name:** _____

Signer's Title: _____ **Date:** _____

Please submit completed application to Myrtha Wroy at myrtha@fmsdc.org