



Please complete this application and mail to:

The Westchester County Association, Attn: Marissa Brett, Executive Director of Economic Development, 1133 Westchester Avenue, Suite S-217, White Plains, NY 10604

or email: blueprintaccelerator@westchester.org

Please write **Global Entrepreneurship Week Pitch Contest** in the **Subject Line** of your email.

Please attach all documentation that is available (See Question #7 for details).

Company Name: _____

Contact Name: _____ Date: _____
FIRST NAME MIDDLE INITIAL LAST NAME

Position with Company: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Fax: _____ E-mail: _____

Website: _____

Has this business name been filed with the Secretary of State? Yes: _____ No: _____

Type of Business:
 _____ sole proprietorship
 _____ partnership
 _____ LLC
 _____ LLP
 _____ corporation
 _____ non-profit
 _____ other: _____

Stage of Business:
 _____ conceptual (idea only)
 _____ pre-venture
 _____ emerging (first commercial space)
 _____ relocating
 _____ transitional (growth or downsizing)
 _____ other: _____

Additional Officers, Principals, Partners or Major Shareholders:

Name	Address	Phone

BLUEPRINT Accelerator Network Application Form

(Please attach additional pages as necessary)

1. Briefly describe your business, its products and markets:

2. Describe your background or experience with product/service of the business:

3. Can your product or technology be patented, trademarked or protected from duplication (if applicable)?

4. Your reason(s) for applying to the BLUEPRINT Accelerator Network:

5. How do you intend to capitalize (finance) this business?

a. Short-term: _____

b. Long term: _____

6. Estimated employees (please indicate within Westchester as well as any additional locations):

a. In Westchester County:

At time of acceptance: Full-time _____ Part-time _____

One year later: Full-time _____ Part-time _____

Two years later: Full-time _____ Part-time _____

Three years later: Full-time _____ Part-time _____

b. In Total (please list other locations _____)

At time of acceptance: Full-time _____ Part-time _____

One year later: Full-time _____ Part-time _____

Two years later: Full-time _____ Part-time _____

Three years later: Full-time _____ Part-time _____

7. Submit as many of the following as available **(Check all that apply and attach documentation)**:

- Business plan* Business plan outline
- Market/feasibility study Required business permits
- Current financial information for business and/or principals, demonstrating at least 6 months revenue*
- *required for application review

8. What potential problems do you foresee in your business, and/or in entering your market?

9. Check areas of assistance requested from BLUEPRINT Accelerator Network (all that apply):

- Strategy Management
- Financial Assembly/Manufacturing
- Legal Facilities
- Technical Marketing
- Other: _____

10. Request occupancy in the BLUEPRINT Accelerator Network on or about
(DATE): ____/____/____
 MM/DD/YYYY

11. The business will require the following space from the Accelerator:

- Office; Industrial; Wet Lab; Dry Lab;
 Flex (combination of office and industrial)

12. Does your business have special facility needs? (high voltage, refrigeration, special security, etc)?

13. Please describe why it is you think your business is a match for the Accelerator's objectives:

14. Please provide any additional information you feel is relevant:

I certify that everything I have stated in this application and attached to it is true to the best of my knowledge. I understand that the Blueprint Accelerator Network will retain this application and any attached materials whether or not it is approved.

Signature: _____ Date: _____

Credit Report & Background Check Authorization

Please complete a form for each officer or partner.
All information is for the use of the BLUEPRINT Accelerator Network
only and will remain confidential.

Please give 3 Business Related References:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name

LAST	FIRST	MIDDLE INITIAL
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Date of Birth ___/___/___
MM DD YY

Social Security Number: ___ - ___ - _____

Current Address: _____

PO BOX OR STREET _____

CITY STATE ZIP _____

Previous Address (If at address above for less than 3 years):
Address: _____

PO BOX OR STREET _____

CITY STATE ZIP _____

Pursuant to my Application to the BLUEPRINT Accelerator Network Program, I understand that a credit report and/or background check may be obtained. I hereby authorize the BLUEPRINT Accelerator Network to obtain my credit report and perform a background check.

SIGNATURE _____ DATE _____