

FOR WVHTC FOUNDATION USE ONLY (121806)	
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?	___ Yes	___ No
Is your product unique?	___ Yes	___ No
Does your product solve a problem?	___ Yes	___ No
Is there a market for your product?	___ Yes	___ No
Are you a West Virginia-based business organized or incorporated in the state?	___ Yes	___ 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 WVHTC Foundation.

I also understand that the WVHTC 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 Web Site:	
How did you learn about INNOVA?		
Have you contacted INNOVA previously?	___ Yes ___ 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 WVHTC Foundation?		
If yes, with whom did you work?		
WHAT SPECIFIC SERVICES ARE YOU SEEKING?		
___ Product Evaluation	___ Business Support Services (accounting, legal, etc.)	
___ Business Planning	___ Software Prototyping and Testing Facilities	
___ Market Research	___ Incubator Space	
___ Management Resources	___ Investment Capital	
	___ SBIR Application Assistance	
DESCRIBE YOUR PRODUCT AND ITS ATTRIBUTES:		

STAGE OF PRODUCT DEVELOPMENT: (Please check one, if more than one apply, provide an explanation in Comments section.)	
___	Working Model (Demonstrates the concept, may be fractional in scale, made from available materials, may not include all bells and whistles.)
___	Engineering Prototype (Full scale model, instrumented for testing critical performance.)
___	Production Prototype (Full scale model, designed to manufacture a quality product in volume with automated production machinery.)
___	Product Introduction (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.)
___	Sales (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? WHAT EVIDENCE/DATA EXISTS THAT DEMONSTRATES THE NEED FOR THE PRODUCT?

WHAT ALTERNATIVE PRODUCTS OR METHODS EXIST TO SATISFY THE NEED ADDRESSED BY THIS PRODUCT? WHO ARE THE MAIN COMPETITORS?

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?			
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 codes at www.osha.gov .)			
IS YOUR BUSINESS CLASSIFIED:			
<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 (LICENSING, SALE, INITIAL PUBLIC OFFERING, 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?	
Investment to Date: \$	
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: Chris Morris
1000 Technology Drive, Suite 1000
Fairmont, WV 26554
Direct Phone: (304) 333-6772
Main Phone: (304) 366-2577
Toll Free Phone: (877) 363-5482
Fax: (304) 333-6881
E-mail (if completed in MS Word): INNOVAwv@wvhtf.org

