**Incubator Program Application**

**(nonprofits)**

**About you**

Your name:

Email: Phone:

**About your organization**

Your title:

Other staff and their titles:

Organization name:

Date founded (or to be founded):

Current mailing address:

Website:

1. **Briefly describe your organization and its activities:**
2. **What is your organization’s mission statement?**
3. **Describe the expected development of your organization over the next 3 years**
4. **What is your organization’s greatest challenge? What do you need to overcome it?**
5. **What aspects of organizational management (marketing, grant writing, accounting, finances, growth planning, etc.) currently confuse or frustrate you the most?**
6. **What funding sources do you have? How do they help you achieve your goals and fulfill your mission?**
7. **Why are you interested in the incubator program at the Hannah Grimes Center?**
8. **How will the incubator help you achieve your goals over the next 3 years?**
9. **How do you plan on using the space? *(hours of operation, meeting with clients, working alone, additional staff, etc.)***
10. **How did you hear about the incubator?**
11. **Do you have approval from the board of your organization to enter into a lease agreement? (proof of this approval will be necessary before the lease is signed).**
12. **Please list your current board members:**
13. **Please provide the following information as attachments:**

* Three references with contact information
* Financials from the past 1-3 years\*
  + Profit & Loss
  + Balance Sheet
  + Current year budget
  + Budget vs. actuals YTD
* Confirmation of tax filing (if applicable, considering your legal standing as a corporation)
* Strategic plan *(if you do not have a business plan, you will be expected to have one within six months of joining the program. We will help you!)*

\*If your finances are not yet in QuickBooks or some other form of accounting software, we highly recommend you do so. We can help you make this change. If you do not yet have historical financial data, a detailed budget projection for the current or upcoming fiscal year is acceptable.

1. **Is there anything else you wish to include regarding your application or your organization?**

**Description of the Application Process**

The purpose of the Incubator Program is to provide a supportive environment in which new and emerging nonprofits and businesses can develop and thrive to add to the vitality of the Monadnock Region. Because of the active, open nature of the program, we use the application process so that your nonprofit and the Hannah Grimes Center can better understand whether you organization is suited to the program.

When an application is submitted, it is first reviewed by the staff. Upon the staff’s approval, the applicant is invited for an interview with one or more of the staff members. Following the interview, the applicant will be informed of their application status within 48 hours.

Upon acceptance into the Incubator Program, the applicant is presented with both a program contract and a lease. We offer flexible leases, with a minimum length of four months required for the initial lease.

**Organizational Performance**

All Associates are expected to be developing and improving their nonprofit and its operations while in an incubator. At least once a year, a performance review will be conducted, whether formally or informally. Hannah Grimes Center staff, and/or a team designated by them, will review the information to gauge the performance of the nonprofit according to the goals met over the course of the Program.\*

**Financials and Other Data\*\***

Associates are required to provide financial and other data that tracks the progress of their nonprofit. Aggregate (not individual) data may be used by the Hannah Grimes Center to continue to refine the Incubator Program, secure funding, or for other such purposes that will promote the work and success of the Incubator Program and participating nonprofits and businesses.

Associates are expected to provide financials and other performance metrics during their time in the program as well as for a minimum of three years following their graduation.

\* *Program activities are subject to change as the Hannah Grimes Center evaluates performance and feedback from Associates, as well as best practices learned from incubator programs around the country.*

*\*\*Data provided by Associates is held in strict confidence. The Center actively implements ways to protect Associates’ data communicated on paper or over email.*

By signing this document, I affirm that all information provided in this application is accurate and truthful to the greatest extent of my knowledge. I have read through and understand the program’s requirements and assessment of progress.

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed name:** **Date:**