

RURAL ENTERPRISES OF OKLAHOMA, INC.

BUSINESS INCUBATOR APPLICATION

To apply for occupancy of a business incubator, please complete this application and return along with the requested information to Rural Enterprises of Oklahoma, Inc., Attention: Kenneth Norris, P.O. Box 1335, Durant, OK 74702-1335. You may also attach any additional information you consider necessary for the review and consideration of this application.

COMPANY INFORMATION:

Company Name: _____

Trade Name (if different from above): _____

Address: _____

City: _____ State: _____ Zip: _____

Federal Identification Number (or) Social Security Number: _____

President/CEO: _____

Telephone Number: _____ Fax Number: _____ E-Mail: _____

Contact Person (if different from above): _____

Telephone Number: _____ Fax Number: _____ E-Mail: _____

Brief Description of Products(s) or Service(s): _____

BUSINESS INFORMATION: Please indicate which of the following best describe your business (check all that are applicable):

_____ Start up company

_____ Business expansion

_____ Manufacturing

_____ Light

_____ Heavy

_____ Existing home based business

_____ New division

_____ Research and development project

_____ Service industry

_____ Other (please describe): _____

COMPANY STRUCTURE:

_____ Sole Proprietorship _____ Regular Corporation _____ Limited Liability Corp.
_____ Partnership _____ S-Corporation _____ Other _____

Date company formed: _____

COMPANY MANAGEMENT AND OWNERSHIP: List 100% ownership of the company as well as key members of your company's management team and the percentage of ownership. Attach additional sheets if necessary.

<u>Name</u>	<u>Position</u>	<u>SSN</u>	<u>% Owned</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FACILITY REQUIREMENTS: Rural Enterprises of Oklahoma, Inc. is responsible for coordinating the occupancy of many incubator facilities. Please indicate the square footage and other facility requirements for your operation.

Estimated sq. ft. required: _____ Power: _____
Ceiling height: _____ Office space: _____
Overhead doors: _____ Other: _____

CAPITAL REQUIREMENTS: In the space provided, list equipment and other capital requirements for production of your product(s) or service(s). Attach additional sheet if necessary.

	<u>Estimated Cost</u>
Equipment	_____
Furniture/Fixtures	_____
Inventory	_____
Working Capital	_____
Other	_____
Total	_____

CAPITAL STRUCTURE: Indicate sources funding secured or being pursued to meet your capital requirements.

Bank Small Business Administration (SBA)
 REI revolving loan funds SBA microloan
 Venture capital Equity/Personal assets
 Other, please describe: _____

JOB CREATION:

Present number of employees: _____ # Minority _____ # Women _____
Total jobs to be created within 12 months: _____ # Minority _____ # Women _____
Total jobs to be created within 24 months: _____ # Minority _____ # Women _____
Total jobs to be created within 36 months: _____ # Minority _____ # Women _____

EQUIPMENT AND TRAINING REQUIREMENTS:

What type of equipment will you use in the production of your product(s) or service?

Will training be required for employees to operate equipment? _____

If so, please describe: _____

Type of labor your operation requires:

Skilled, please describe skills needed: _____

Unskilled

CREDIT/BUSINESS REFERENCES: Please list three references; include name, address telephone number, account number.

Name	Address	Telephone	Acct. #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL INFORMATION REQUIRED: Please submit the following information in addition to the completed application.

- Business plan. (Outline attached)
- Resume on all principals and key personnel (form attached, if needed)
- Current personal financial statements on all owners of 20% or more (form attached)
- Current business financial statement, including balance and P/L statements (for existing business)
- Copies of last three years tax returns (for existing business)
- Three year projected income statement; first year - monthly, second and third years - annual (form attached)

CERTIFICATION: I/We certify that the information supplied in this application and the accompanying information is true, complete and accurate to the best of my knowledge.

I/We authorize Rural Enterprises of Oklahoma, Inc. to run the necessary credit reports, both business and personal, and to contact the references listed above. I/We further authorize these references to supply Rural Enterprises of Oklahoma, Inc. any information requested regarding the company's relationship with the references.

Signature

Date

Signature

Date

Signature

Date

If you have any questions regarding this application or the information requested, please contact:

Kenneth Norris
Program Manager
Rural Enterprises of Oklahoma, Inc.
P.O. Box 1335
Durant, OK 74702-1335
(580) 924-5094
(580) 920-2745 (fax)
e-mail: knorris@ruralenterprises.com

RURAL ENTERPRISES OF OKLAHOMA, INC.

PERSONAL FINANCIAL STATEMENT

AS OF _____, 20 ____

Name	Business Phone ()
Residence Address	Residence Phone ()
City, State, & Zip Code	

Business Name of Applicant/Borrower

Cash on hands & in Banks \$ _____ Savings Accounts \$ _____ IRA or Other Retirement Account \$ _____ Accounts and Notes Receivable \$ _____ Life Insurance-Cash Surrender Value Only \$ _____ (Complete Section 8) Stocks and Bonds \$ _____ (Describe in Section 3) Real Estate \$ _____ (Describe in Section 4) Automobile-Present Value \$ _____ Other Personal Property \$ _____ (Describe in Section 5) Other Assets \$ _____ (Describe in Section 5) <div style="text-align: right;">Total \$ _____</div>	Accounts Payable \$ _____ Notes Payable to Banks and Others . . . \$ _____ (Describe in Section 2) Installment Account (Auto) \$ _____ Mo. Payments \$ _____ Installment Account (other) \$ _____ Mo. Payments \$ _____ Loan on Life Insurance \$ _____ Mortgages on Real Estate \$ _____ (Describe in Section 4) Unpaid Taxes \$ _____ (Describe in Section 6) Other Liabilities \$ _____ (Describe in Section 7) Total Liabilities \$ _____ Net Worth \$ _____ <div style="text-align: right;">Total \$ _____</div>
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Salary \$ _____ Net Investment Income \$ _____ Real Estate Income \$ _____ Other Income (Describe below)* \$ _____	As Endorsed or Co-Maker \$ _____ Legal Claims & Judgments \$ _____ Provision for Federal Income Tax . . . \$ _____ Other Special Debt \$ _____
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Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

	Property A	Property B	Property C
Type of Property			
Name & Address of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Pymt per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities, (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries).

I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

Signature: _____ **Date:** _____ **Social Security Number:** _____

Signature: _____ **Date:** _____ **Social Security Number:** _____

Three Year Projection

	Year One	Year Two	Year Three
Sales	_____	_____	_____
COGS	_____	_____	_____
Gross Profit	_____	_____	_____
Expenses:			
Owner Withdrawals	_____	_____	_____
Employee Wages	_____	_____	_____
Accounting & Legal Fees	_____	_____	_____
Advertising	_____	_____	_____
Rent	_____	_____	_____
Supplies	_____	_____	_____
Electricity	_____	_____	_____
Telephone	_____	_____	_____
Interest	_____	_____	_____
Repairs	_____	_____	_____
Insurance	_____	_____	_____
Bad Debts	_____	_____	_____
Miscellaneous	_____	_____	_____
Total Expenses	_____	_____	_____
Net Profit	_____	_____	_____

Please fill in all spaces, use full first, middle and maiden names, no initials. If an item is not applicable, please indicate so. You may include additional relevant information on a separate exhibit. Sign and date where indicated.

Name _____ SS# _____
First Middle Maiden Last

Date of Birth _____ Place of Birth _____

Residence Phone () _____ Business Phone () _____ Fax _____

Residence Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Lived there from _____ to _____
Month and Year Month and Year

Spouse's Name _____ SS# _____
First Middle Maiden Last

Are you a U. S. Citizen? Yes No If no, give Alien Registration Number _____

Have you ever been charged with or convicted of any criminal offense other than a misdemeanor involving a motor vehicle violation? Yes No If yes, furnish details in a separate exhibit.

Are you involved in any lawsuit at this time or have you ever filed for personal bankruptcy protection? Yes No If yes, furnish details in a separate exhibit.

Have you ever obtained credit under any other name(s)? Yes No If yes, furnish details in a separate exhibit.

EDUCATION:

College or Technical Training. Name and Location	Dates Attended From/To	Major	Degree or Certificate
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE: (List chronologically, beginning with present employment)

Company Name/Location _____
From _____ To _____ Title _____
Duties _____

Company Name/Location _____
From _____ To _____ Title _____
Duties _____

Company Name/Location _____
From _____ To _____ Title _____
Duties _____

Signature _____ Date _____

Business Plan Outline

I. Executive Summary

The purpose of the executive summary is to convince the funding source to read the whole plan. It should be a two-page overview, which highlights the strengths and objectives of the plan (i.e., return on investment, sales, profit, market share, jobs created, community benefits, etc.). Include a brief description of the business and its industry, as well as an explanation of the marketing opportunity.

II. Company Background

Name, nature of business, history, affiliates, stage of development, unique features of products or services, any proprietary position (patents experience).

III. Product or Service Description

Definition of product(s) or service(s) to be sold.

- Product Viability
- Technology

IV. Marketing Analysis and Marketing Strategy

Provide an in-depth analysis of the market for the product(s) and/or service(s) to be sold. Include the following:

A. Marketing Profile

1. Competition and industry information
2. Trade/Service Area (include a map)
3. Customer Profile (describe the actual and potential purchasers of the product or service by market segment)
4. Market Size [estimate the size of the total current market for the product(s) or service(s)]
5. Quantify the size of each market segment in relevant terms (dollars spent, units used, number of people, percent of income, etc.)

B. Market Plan

Provide a detailed description of how the business will obtain its estimated market share and achieve its sales objectives. Discuss your overall marketing strategies and plans for:

1. Pricing
2. Promotion
3. Distribution channels
4. Marketing review, monitoring or evaluation

V. Management

- A. A listing of key managers, directors and principal owners, including detailed resumes
- B. Organizational structure
- C. Compensation and employee ownership
- D. Plans for future staff

VI. Operations Plan

- A. Space and equipment requirement
- B. Working capital requirement
- C. Labor Force
- D. Geographic location advantages
- E. Manufacturing aspects, sources of supplies, etc.

VII. Financial Statements and Projections

- A. Three years' historical financial statements (existing business, if start-up provide a capital investment balance sheet).
- B. Interim statement dated within 60 days (existing business)
- C. Aging of accounts payable and receivable as of date of interim statement
- D. Personal Financial Statements of all persons owning 20% or more of the stock in the company
- E. Three 3 year pro forma projections, with income statements, cash flow statements, and balance sheets; first year by month, second and third year by quarter
- F. Break-even analysis
- G. Schedule of all debts, liabilities and leases
- H. Notes to financial projections (identify the assumptions underlying the financial projections)
- I. Best and worst case outcomes
- J. Analysis of financial projections

VIII. Funding

- A. Amount of money sought
- B. Use of proceeds
- C. Funding history, funding references
- D. Pricing and deal structure (including terms and payback)
- E. Capitalization-existing and pro forma

IX. Research Development Engineering & Designs

- A. Proprietary rights
- B. Timing
- C. Cost
- D. Strategy

X. Summary of Risks Involved

Summarize the critical risks and assumptions associated with each section of the business plan. Discuss contingency plans that have been developed for potential problems and delays. Including:

- A. The industry, the company, and its personnel
- B. Timing
- C. Product and market acceptance
- D. Liabilities and contingencies

XI. Professionals and Advisors

- A. Legal Counsel
- B. Accountant
- C. Others

XII. Project Implementation Schedule

Provide an overall schedule of the specific activities necessary to start the business or implement the project and achieve its projected level of profitability.