



# EPICENTRE INCUBATION PROGRAM APPLICATION

**Application Date:**

**CONTACT INFORMATION**

**Startup Name:**

**Link to Website/Social Media Page:**

**FOUNDERS/CO-FOUNDERS CONTACT INFO**

|                 | <b>Name</b> | <b>Title/Position</b> | <b>Address (Street, Province, Postal Code)</b> |
|-----------------|-------------|-----------------------|--|
| Main Contact    |             |                       |  |
| Team member # 2 |             |                       |  |
| Team member # 3 |             |                       |  |
| Team member # 4 |             |                       |  |

|                 | <b>Phone</b> | <b>Email</b> |
|-----------------|--------------|--------------|
| Main Contact    |              |              |
| Team member # 2 |              |              |
| Team member # 3 |              |              |
| Team member # 4 |              |              |



|                 | University/College | Faculty/Degree | Graduation/ Expected Graduation Date |
|-----------------|--------------------|----------------|--------------------------------------|
| Main Contact    |                    |                |                                      |
| Team member # 2 |                    |                |                                      |
| Team member # 3 |                    |                |                                      |
| Team member # 4 |                    |                |                                      |

**BUSINESS BACKGROUND**

**What type of Ownership is your business?**

If other, please specify:

**Date you registered or plan to register your business:**

**Business registration number (if applicable):**

**Business address:**

**What sector does your business fit best?**

If other, please specify:

**What stage is your company at?**

**Current revenue:**

**How have you financed your business so far?** Personal  Bank loan  Friends & Family   
Venture Capital  Angel Investor  Grant(s)  Other (please specify)

**BUSINESS MODEL**

**Describe your idea/innovation**

**What problem does your business wish to solve?**



**What is your value proposition?**

**Who are your customers?**

**What is your revenue model?**

**INTELLECTUAL PROPERTY (IP)**

**Does your company hold any patents, copyrights, trademarks?**

**Please provide details of the IP(s) including filing numbers:**

**MILESTONES**

*(What goals are you working towards in the next 2 years?)*

|                 |  |
|-----------------|--|
| 0 – 6 months:   |  |
| 7 – 12 months:  |  |
| 13 – 18 months: |  |
| 19 – 24 months: |  |

**SPACE AND SERVICE REQUIREMENTS**

**How many desk(s) do you need?**

**Describe other requirements for the space:**

**REFERRAL**

**How do you find out about us?**

If other, please specify:

Please include a copy of your current business plan, business model canvas, and/or any other relevant information with the completed application form.

Submit completed application to [epicentre@uwindsor.ca](mailto:epicentre@uwindsor.ca)