

## Incubator Without Walls (IWW) Application

### Please tell us about your business

Your name \_\_\_\_\_

The name of your business \_\_\_\_\_

The business physical address \_\_\_\_\_

The business postal mailing address \_\_\_\_\_

Other mailing address \_\_\_\_\_

The business email address \_\_\_\_\_

The business phone number \_\_\_\_\_

The business fax number \_\_\_\_\_

Your business web site \_\_\_\_\_

Your business social networking site \_\_\_\_\_

How long have you been in business?  Over 3 years (Mature)  1-3 years (Emerging)  <1 year (Underway)

Under what business form do you operate?  Sole proprietor  Partnership  
 Corporation (LLC, S-corp, B-corp, etc.)  
 Co-operative  Non-profit

**Business net income:\***

**Household annual income:\***

Including yourself, how many employees does your business currently support?  FT/benefits  FT  
 PT seasonal  PT year round  
 PT as needed

Do you anticipate a need to hire in the next 18 months?  Yes  FT/benefits  FT  
 No  PT seasonal  PT year round  
 PT as needed

What may prevent you from hiring?

\* **Why we ask:** Incubator Without Walls measures program success, in part, by changes in business and household income. Your information is maintained as confidential and is never individually identifiable in our reporting.



## Incubator Without Walls (IWW) Application *(continued)*

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Please read the paragraph below and sign your application. All owners, officers, or partners must also sign. You may attach additional signature pages as necessary.

- *The information provided in this application is accurate to the best of my knowledge.*
- *I understand that personal and/or business information may be requested of me pursuant to this application and I give my consent for such information to be provided. I agree to provide financial and other information necessary to measure the success of the series.*
- *I understand that WHCA retains the sole decision as to whether I am approved for membership into this IWW series.*
- *I understand that if I am accepted, I will be required to sign a formal agreement between WHCA and me.*

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Signature

Signature

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Printed name

Printed name

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Date

Date

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Small Business Coordinator

Date

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### Please attach to your completed application:

- Your *Incubator Without Walls Information Sheet*
- a copy of your **business plan** if you have one
- a copy of your **marketing plan** if you have one
- **brochure, business card, rack card, and other marketing collateral** in use

### In Washington County return your application to:

Elizabeth Sprague  
Small Business Coordinator  
Down East Business Alliance  
PO Box 82  
Machias, ME 04654

#### Office Location

1 Stackpole Road  
Machias, ME 04654  
O: 479-3071  
E: [esprague@whcacap.org](mailto:esprague@whcacap.org)

### In Hancock County return your application to:

Jeff Ackerman  
Small Business Coordinator  
Down East Business Alliance  
PO Box 299  
Ellsworth, Maine 04605

#### Office Location

248 Bucksport Road  
Ellsworth, ME 04605  
O: 664-2424 ext.4470  
E: [jackerman@whcacap.org](mailto:jackerman@whcacap.org)



A Division of the Washington-Hancock Community Agency

## Incubator Without Walls (IWW) Information Sheet \*

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Your name

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Date

Business name

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Which IWW are you applying to?

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From what IWW series did you graduate?

- Calais (Year/s: \_\_\_\_\_)       Eastport (Year/s: \_\_\_\_\_)  
 Lubec (Year/s: \_\_\_\_\_)       Machias (Year/s: \_\_\_\_\_)  
 Deer Isle/Stonington       Ellsworth (Year/s: \_\_\_\_\_)  
 Four Directions  
 Hire & Higher (WashCo \_\_/Hancock\_\_)  
 Downeast Business Association  
 Get ME Market Ready!

*Please check all that apply*

What are your own greatest strengths?

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What are greatest strengths of your business?

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What are your most persistent business challenges?

- Financing     Operating capital     Supply     Taxes, fees, permits, licenses     Getting a loan  
 Time management     Seasonal nature of my business     Business/family conflicts     My location  
 Finding good employees     Meeting business demand     Doing everything myself     Recordkeeping  
 Not enough time for me/my family     Making enough money to support myself, my family  
 Making enough money to support/grow my business (circle one)     Getting the word out to my customers  
 Keeping in touch with other business people     Employee relations/legal issues

Other

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Other

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Other

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Other

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\* We ask you to provide this information so that Incubator Without Walls can offer information and resources most appropriate to the needs of your business. Your responses are maintained as completely confidential.

**Incubator Without Walls (IWW) Information Sheet \***

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**Do you have a need for capital for business expansion?**     Yes     No

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**How much capital might you need?**

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**Have you written a business plan?**     Yes     No    **Last updated?** \_\_\_\_\_

**If 'No', do you want to create your business plan as one of your goals for this course?**     Yes     No

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**Have you written a marketing plan?**     Yes     No    **Last updated?** \_\_\_\_\_

**If 'No', do you want to create your marketing plan as one of your goals for this course?**     Yes     No

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**Do you use a bookkeeper or accountant?**     Yes     No

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**What recordkeeping system do you use?**

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**Do you consult an attorney for business matters?**     Yes     No

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**When did you last pull your credit report?**

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**What critical business tasks do you tend to put off?**

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**Is your business a member of the Chamber of Commerce, Rotary, or other business affinity group?**     Yes     No

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**Have you attended Chamber events/mixers?**     Yes     No

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**Is your business a member of your business association?**     Yes     No

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**What does your business most need from this IWW series?**

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