

CONTACT INFORMATION

Primary Contact Name _____	Faculty PI Name _____
Title _____	Title _____
Email _____	Department _____
Phone _____	

COMPANY INFORMATION

Company Name, if any _____	Company Website _____
Year of Incorporation _____	

Company Description (2-3 sentences)	
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Stage of your Technology ___ Concept ___ Prototype ___ Developed Product

Describe Your Company Management	
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Personnel who will use the space	Name	Email	Position/Title	Cell Phone

Insurance Information (Company, Policy No., Coverage), if any	
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INTELLECTUAL PROPERTY STATUS

Relevant IP (List NU Numbers)	
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Current relationship with NU ___ Licensee ___ Optionee ___ In Negotiations

Main INVO Contact _____

TECHNOLOGY & MARKET INFORMATION

Value Proposition (Market Pain Point, Current Solutions, Your Company Solution)	
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Current Company Challenges/Needs	
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Describe your specified project goals for the next 12 months	
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Rationale for space/toolkit request	
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FUNDING INFORMATION

Funding Situation (Provide Grant Award Information, including agency, number and project dates)	
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Non-Sponsored Project Funds (Provide source and availability)	
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SPACE NEEDS

Check Type of Needed Space ___ NO SPACE ___ Office ___ Wet Lab ___ Dry Lab

Please Specify _____ Number of FTEs _____ Number of Hoods _____ Approx. Sq Ft. Needed

Special Needs	Hazardous Waste (chemicals, radioactivity, infectious agents)?	
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Special Features (Noise, Animals, etc)?	
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Special Equipment and facility needs? Installation Requests?	
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CORE FACILITIES NEEDS

	Core Facility Name	Brief Description of Services Needed
Anticipated list core facilities in next year		

SIGNATURES

Primary Contact

Printed Name

Date

Faculty PI

Signature

Printed Name

Date

FOR INTERNAL USE

- INVO Approval
 Center Approval (CLP/ISEN/SQI)
 Finance/Operations
 Conflict of Interest
 Facilities (Lease)
 Risk Management
 Research Safety