



City of El Centro Business Incubation Program

This program is intended to encourage the growth and development of local small business entrepreneurs.

The El Centro Redevelopment Agency is looking for prospective tenants that are operating a home-based business or an existing small business that is looking to expand, for its business/industrial incubator facility located within the Centerpoint Industrial Park at 703 Industry Way in El Centro, CA.



If you are currently operating a home-based Business, or an existing small business that is looking to expand, please fill out the tenant application online at www.cityofelcentro.org or pick up an application at the El Centro Redevelopment Agency at 1249 Main Street. To see if you qualify for the business incubation program, or need additional information, please call the Redevelopment Agency at 760-337-4543.

BENEFITS OF INCUBATION PROGRAM

- Professional facilities
- Affordable rent space
- Technical Assistance
- Financial Assistance
- Visibility

ELIGIBLE BUSINESSES

- Light manufacturing or assembly companies
- Warehouse storage
- Wholesale brokers, jobbers, dealers or distributors
- Appliance repairs and service
- Fumigation services
- Horticultural services
- Printing, engraving, or publishing
- Machine and tool repair services
- Packaging businesses
- Plumbing, electrical, and services
- Refrigeration repairs and service
- Furniture builders or cabinet makers

INELIGIBLE BUSINESSES

- Retail stores or shops
- Cafeterias, coffee shops, or delicatessen stores
- Restaurants
- Furniture warehouses
- Child care centers

Business Incubator Application Checklist

Applicant submits tenant application with the following documents:

- Floor plan
- Business plan
- Resume
- List of materials, supplies & chemicals to be stored at incubator facility
- Three (3) year cash-flow projects
- Copy of business license

- If application, credit check and Fire Marshal approvals are completed, applicant receives acceptance letter, and the following documents are provided to the prospective tenant:
- Lease Agreement includes four Exhibits: A – Key Agreement; B – Business Incubator Program; C - Nondiscrimination Requirements; and D – Graduation Requirements



EL CENTRO BUSINESS/INDUSTRIAL INCUBATOR FACILITY TENANT APPLICATION

GENERAL INFORMATION

Name of Applicant: _____ Date of Birth: _____

Address: _____

City, State, Zip Code: _____

Telephone: (H) _____ (W) _____

Fax: _____

Mailing Address (if different from above): _____

Home Address of applicant : _____

Social Security No.: _____ Driver's License No. _____ State: _____

INFORMATION ON BUSINESS PRODUCT/SERVICE

Business Name: _____

Type of Business:

	Sole proprietorship		Corporation
	Partnership		Subchapter S
	Limited Liability Corporation		

Business Status:

	Existing Business	Date Started	
	New Business	Projected Start Date	

Do you have a business license with the city of El Centro? Yes (If yes, please attach) No

Do you have a business plan? Yes (If yes, please attach) No

Briefly describe your product or service:

Briefly describe the market for your product/service (your target customer):

In what geographic areas are your customers located? _____

BUSINESS EXPERIENCE

Describe your past experience that relates to your product/service and the length of that experience (attach resume if available):

BUSINESS SERVICE NEEDS

What types of office support services are you interested in?

- Receptionist
- Copier
- Computer
- Secretarial/Word Processing
- Mail Handling
- Other _____
- Fax Machine
- Conference Room

- Do you currently have an accountant? Yes No
- Do you currently have an attorney? Yes No
- Do you need management assistance? Yes No
- If yes, what type? _____
- Do you need marketing assistance? Yes No
- If yes, what type? _____

FACILITY REQUIREMENTS

- Are you currently occupying a facility (either in your home or at a commercial location)? Yes No
- If yes, what is your current square footage? Office: _____ Sq. Ft.
- Manufacturing: _____ Sq. Ft.
- Distribution/Warehouse: _____ Sq. Ft.
- What is your approximate monthly cost for this facility? Rent: \$ _____ Utilities: \$ _____

- How many square feet of space does your business require? Office: _____ Sq. Ft.
- Manufacturing: _____ Sq. Ft.
- Distribution/Warehouse: _____ Sq. Ft.

Please describe the machinery and equipment to be located on the premises and what service support is needed to maintain this equipment (i.e., electrical load, venting, and cooling).

Attached is a floor plan for the incubator facility. Please identify which suite you would prefer to lease and indicate where machinery, equipment, storage, or special processes will occur.

Please provide a list of all chemicals or items, including quantities, to be stored in the leased area.

Describe the type of waste you will dispose at the site. _____

How many total employees will be occupying space?

	Current	1 Year	2 Years
Full-Time			
Part-Time			

OTHER

How did you learn about the El Centro Business/Industrial Incubator?

BUSINESS FINANCIAL INFORMATION

What is the amount and source of financing for operating your business?

- A. Existing Loan(s) Amount \$ _____
- B. Cash/Equity Amount \$ _____
- C. Operating Expenses are/will be covered by sales
- D. Other _____

Does your business require additional financing and, if so, what amount/type of financing is planned? Timing for additional financing? Explain:

Please complete a 3-year cash flow projection and return with your application. Attached to this application is a sample cash flow projection worksheet.

Applicant understands that the information provided above will be used for evaluation purposes. Submission of this application is only to allow the management team of the El Centro Business/Industrial Incubator Facility to consider leasing space and/or extending services to the listed applicant. In no way does the issuance or acceptance on an application guarantee that a lease proposal will be extended and/or ratified. Applicant hereby certifies that to the best of its/his/her knowledge all the information herewith contained is true and accurate. Applicant understands that additional information may be required to process this application.

Applicant's Signature: _____

Date: _____

Checklist

(The following documents are attached)

- _____ Business Plan _____ Resume(s) _____ 3-year Cash-flow projection
- _____ Floor Plan _____ List of materials _____ Other _____

Please return to:
El Centro Redevelopment Agency
1249 Main Street
El Centro, CA 92243
Telephone: (760) 337-4543
Fax: (760) 352-4867

**AUTHORIZATION AND RELEASE
EL CENTRO BUSINESS/INDUSTRIAL INCUBATOR
FACILITY (“FACILITY”)**

I hereby acknowledge and agree that my tenant application (“Application”) for the Facility may be given to the Finance Department of the City of El Centro (“City”) in the event my name and/or the name of my business are submitted to the City for evaluation; and that all or portions of my Application or the information contained therein may be given to and shared with the City and other individuals who have been asked by the El Centro Redevelopment Agency (“Redevelopment Agency”) to assist in the evaluation of applicants for tenancy for the Facility. I further acknowledge and agree that for the purpose of aiding the Redevelopment Agency and/or the City in evaluating my background and qualifications, the foregoing organizations and individuals working on their behalf will be entitled to seek and obtain information and documents concerning me from third parties mentioned in my Application.

I hereby authorize any national credit reporting organization (collectively “agencies”) to release to the Redevelopment Agency any and all information which those agencies may have about me (whether public, personal or confidential) for the purpose of aiding the Redevelopment Agency and/ or the City in evaluating my background and qualifications for selection as a tenant of the Facility. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies except that I am entitled to receive a copy of any credit report from those agencies.

I hereby release and discharge all such agencies, their agents and representatives, and any person furnishing information to the Redevelopment Agency from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

Date

Signature of Applicant

(type or print name)

CASH FLOW PROJECTION

Name of Business: _____

MONTH/YEAR	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
INCOME													
SALES													
COST OF SALES													
GROSS PROFIT													
LESS EXPENSES													
ACCOUNTING, LEGAL, & PROFESSIONAL													
ADVERTISING													
AUTO & TRUCK EXPENSE													
BAD DEBT													
DEPRECIATION													
ENTERTAINMENT, TRAVEL													
EQUIPMENT, TRAVEL													
INSURANCE													
OFFICE EXPENSE													
OFFICER, OWNER SALARIES													
RENT, PROPERTY EXPENSE													
REPAIRS, MAINTENANCE													
SUPPLIES													
TAXES, LICENSES													
TELEPHONE, UTILITIES													
WAGES													
MISCELLANEOUS													
TOTAL EXPENSES													
NET OPERATING PROFIT													
OTHER INCOME <EXPENSES>													
PROFIT BEFORE TAXES													