



City of El Centro Business Incubation Program Fact Sheet

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

The El Centro Economic Development Division 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.

BENEFITS OF INCUBATION PROGRAM

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



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 Economic Development Division at 1249 Main Street. To see if you qualify for the business incubation program, or need additional information, please call the Economic Development Division at 760-337-4543.

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



Pictures reflect inside of Suite





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:

<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation
<input type="checkbox"/> Partnership	<input type="checkbox"/> Subchapter S
<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/>

Business Status:

<input type="checkbox"/> Existing Business	<input type="checkbox"/> Date Started	
<input type="checkbox"/> New Business	<input type="checkbox"/> 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 Secretarial/Word Processing Fax Machine
- Copier Mail Handling Conference Room
- Computer Other _____

- 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.

Proposed language for credit authorization:

I authorize the City of El Centro to: verify and obtain my credit history and exchange that information with the Finance Department of the City of El Centro.

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:

**City of El Centro
Economic Development Division
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 Economic Development Division to assist in the evaluation of applicants for tenancy for the Facility. I further acknowledge and agree that for the purpose of aiding the Economic Development Division 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 Economic Development Division any and all information which those agencies may have about me (whether public, personal or confidential) for the purpose of aiding the Economic Development Division 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 Economic Development Division 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)



Economic Development Division
1249 Main Street
El Centro, CA 92243
Phone: (760) 337-4543
Fax: (760) 352-4867

AUTHORIZATION

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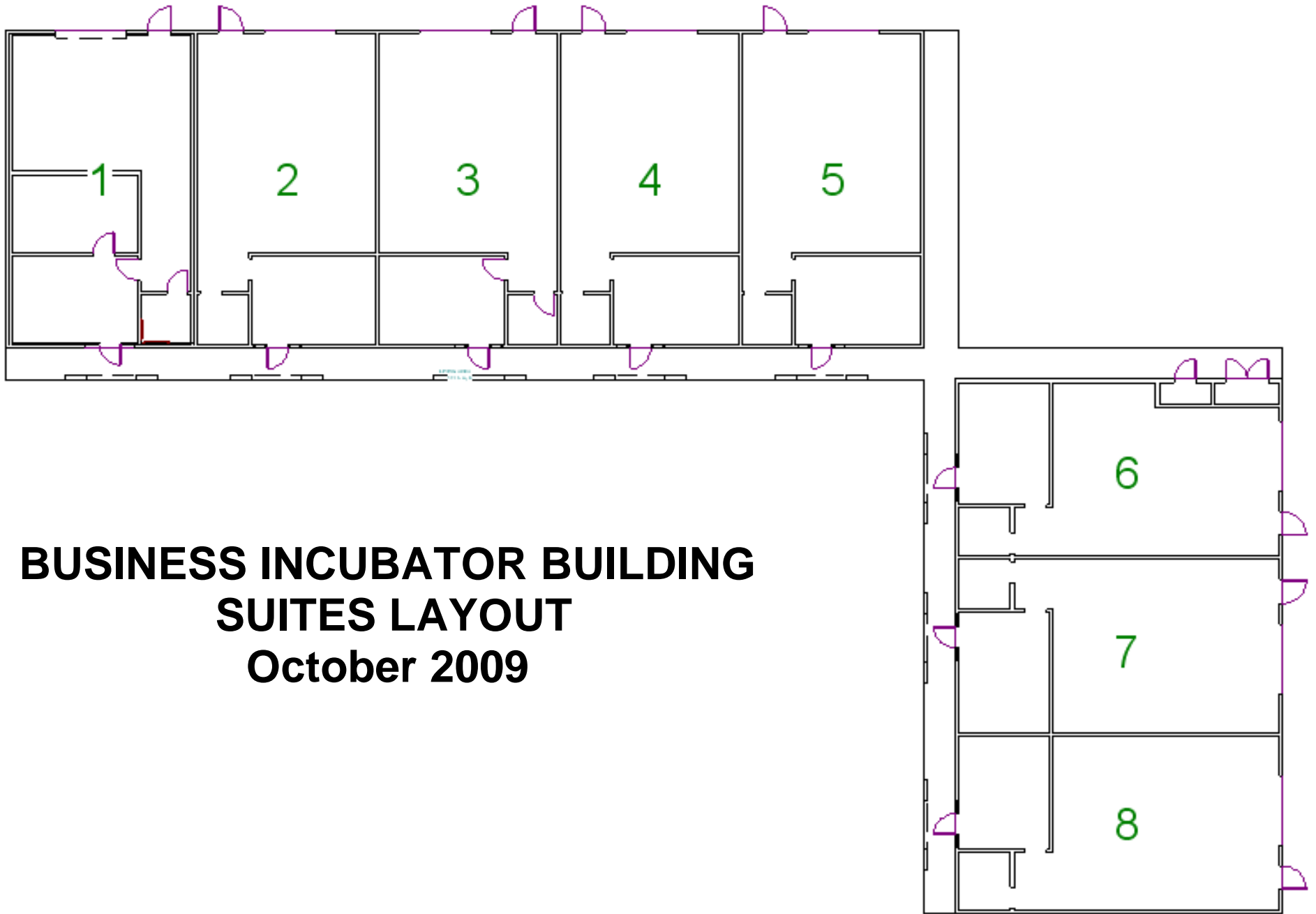
Applicant's Signature: _____

Social Security Number: _____

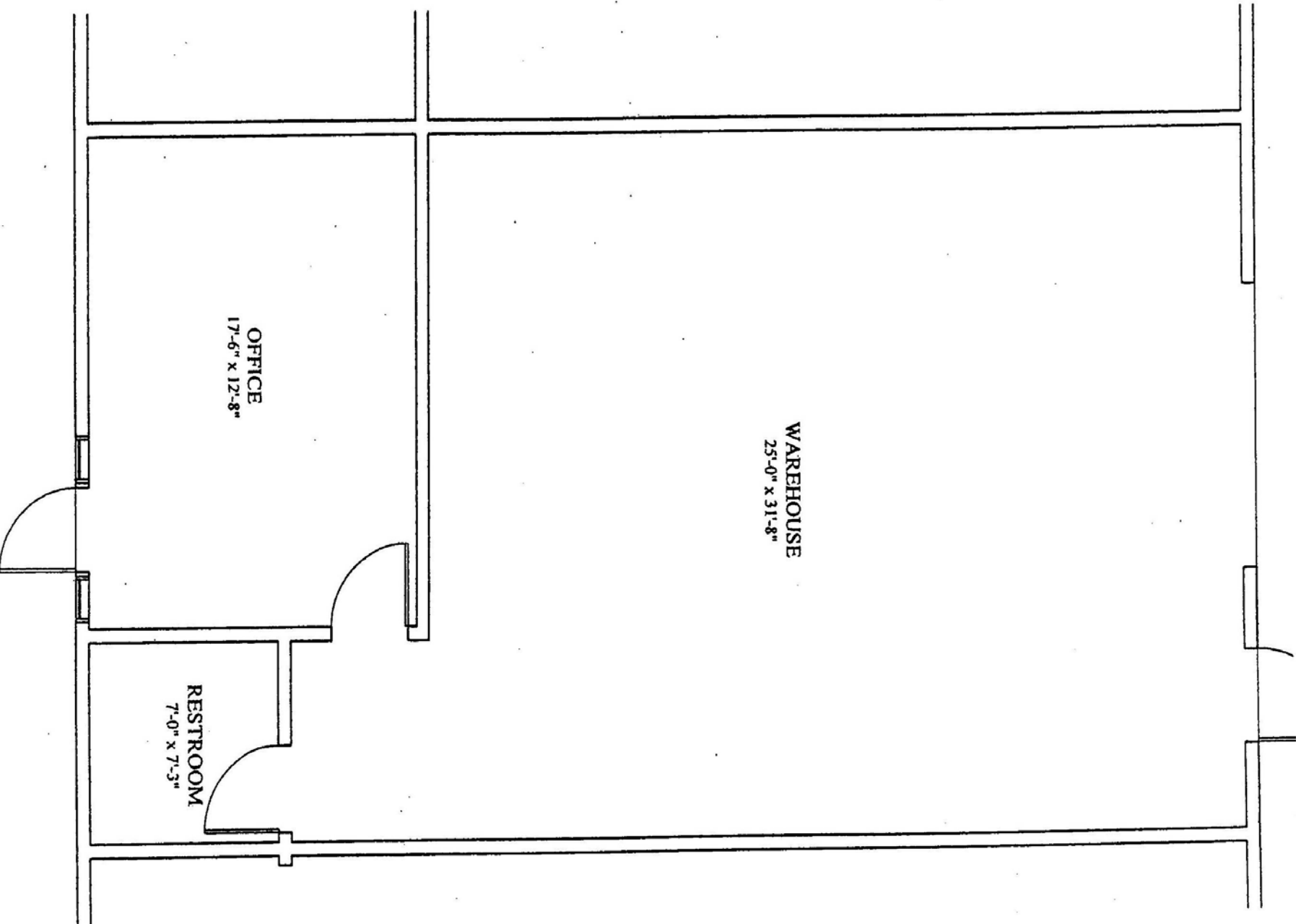
Driver's License Number: _____ State: _____

Date of Birth: _____

Today's Date: _____



**BUSINESS INCUBATOR BUILDING
SUITES LAYOUT
October 2009**



TYPICAL INCUBATOR BAY

(Square Footage ranges from 1,125 to 1,196)