



LEWIS INNOVATION HUB MEMBER APPLICATION

The mission of the Lewis Innovation Hub is to assist the development of small and new startup companies by leveraging the vast resources of Lewis University to build a more entrepreneurial community and advance sustainable economic development for the region. Through strategic partnerships and our dedicated mentor community, the Hub serves as a catalyst for innovation and market success.

For enrollment consideration, please complete this form and email to hub@lewisu.edu or mail to:

**Ryan D. Butt, Dean College of Business &
Graduate School of Management
Lewis Innovation Hub, #435
One University Parkway
Romeoville, IL 60446-2200**

I. General Information

Name of Applicant:

Address:

Phone:

Email:

Website:

Business Name:

Type of business?

What State is your business registered in, if applicable?

Is the business currently in operation? Yes No

If yes, what year was the business founded:

Describe your background/experience and how it relates to your business and/or product/service. Please include years of related experience.

Number of current employees (including yourself).

Full-time:

Part-time:

Key members of your team. Full name, phone number, email and address. (Add additional pages if necessary.)

Name:

Position:

Phone:

Email:

Address:

Experience:

Name:

Position:

Phone:

Email:

Address:

Experience:

Of the people listed above, who will be utilizing the Lewis Innovation Hub space (limit to 2 members)?

Is the business a subsidiary within an established business? Yes No

If yes, what is the name and address of the parent company and your relationship with them?

Do you have a relationship with anyone from Lewis University? Yes No

If yes, please explain:

Do you have a relationship with any member of the Des Plaines River Valley Enterprise Zone? Yes No

If yes, please explain:

II. Information on Business Concept

Have you completed a business plan? Yes (If yes, please attach) No

If any of the following questions are not addressed in your business plan, please answer them on the following page.

At what stage of development is your product/service or business?

- Pre-Concept: "An undeveloped idea of a business concept"
- Concept: "Concrete idea, but not formed into a marketable prototype or service"
- Prototype: "Preliminary working model of the product or service"
- Saleable Product: "Product or service is ready for sale but not being sold"
- Revenue-Generating: "Product or service is being sold"
- Growth: "Expansion phase"

Briefly describe what is unique about your product/service concept including its features and benefits. What makes your product/service superior to the competition and how is it different?

Briefly describe the industry that serves this market and trends driving this industry.

Briefly describe your target customer including growth potential, size and geographic areas they are located. Explain how your product/service satisfies an unmet need and solves a problem for your customer.

How do you distribute (or intend to distribute) your product or service?

- | | |
|--|---|
| <input type="checkbox"/> Direct Sales | <input type="checkbox"/> Wholesalers |
| <input type="checkbox"/> Mail-Order | <input type="checkbox"/> Distributors |
| <input type="checkbox"/> Personal Contacts Made by Owner | <input type="checkbox"/> Retailers |
| <input type="checkbox"/> E-Commerce | <input type="checkbox"/> Other (Please describe): |

Briefly describe how you will communicate with your customers (e.g. advertising, promotions, social media, etc.).

Briefly describe some of the major risks to getting your product or service to the marketplace.

Identify your expected sales.

Year 1 \$:

Year 2 \$:

Year 3 \$:

Is there intellectual property associated with the business?

- Patents Trademarks Copyrights Trade Secrets N/A

What are your current sources of funding?

- | | |
|---|---------------------|
| <input type="checkbox"/> Self-Funded | Earnings from sales |
| <input type="checkbox"/> Venture Capital | Loans |
| <input type="checkbox"/> Family & Friends | Grants |
| <input type="checkbox"/> Other: | |

III. Business Service Needs & Facility Requirements

What areas of expertise would you be interested in receiving advisory assistance?

- | | | |
|--|--|---|
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Sales/Networking | <input type="checkbox"/> Engineering | <input type="checkbox"/> Analytics |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Graphic/Website Design | <input type="checkbox"/> Logistics |
| <input type="checkbox"/> Management/Leadership | <input type="checkbox"/> Business Plan Development | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Information Systems | <input type="checkbox"/> Export/Import | <input type="checkbox"/> Other: |

What type(s) of support services are you interested in?

- | | |
|--|---|
| <input type="checkbox"/> Copier | <input type="checkbox"/> Conference Room |
| <input type="checkbox"/> Fax Machine | <input type="checkbox"/> Communication/Video Production lab |
| <input type="checkbox"/> Mail Services | <input type="checkbox"/> 3D Printer Lab |

Does your business have any unique requirements? Yes No

If yes, please explain:

What are critical business objectives for the business in the next 3-6 months?

Please briefly describe your top three challenges and how we can assist you with them:

Challenge 1:

Challenge 2:

Challenge 3:

IV. Other

How did you learn about the Innovation Hub?

- | | |
|---|---|
| <input type="checkbox"/> Word of Mouth: | <input type="checkbox"/> LinkedIn |
| <input type="checkbox"/> Lewis Faculty Member | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Lewis University Website | <input type="checkbox"/> Local Newspaper: |
| <input type="checkbox"/> Des Plaines River Valley Enterprise Zone | <input type="checkbox"/> Other: |

Describe why you believe participating in the Innovation Hub program would benefit your business:

Information contained on this application will be held in confidence and used only for evaluation for admittance to the Lewis Innovation Hub.

I declare that to the best of my knowledge the information I provided on this form is correct and that I have not omitted any facts, which may have a bearing on my application. I understand that falsification of qualifications or information may lead to the denial of my application. As part of the application process I understand that I and any member with a key card that will utilize the HUB space will also be subject to a background check.

Printed Name

Signature Date

Completed applications should be returned to:

Ryan D. Butt, Dean College of Business &
Graduate School of Management
Lewis Innovation Hub, #435
One University Parkway
Romeoville, IL 60446-2200
Email: hub@lewisu.edu

Attachments: Business Plan

LEWIS INNOVATION HUB – USE ONLY

Date Submitted:

Coordinator Comments and Recommendations:

Signed:

Date Reviewed:

Lewis Innovation Hub Advisory Board Comments:

Lewis Innovation Hub Advisory Board Recommendation:

Accepted Denied Held in Abeyance

Signed:

Date Signed: