



## **Application Requirements Checklist**

**Important:** All applicants must be registered as a CNMI Small Business Development Center (SBDC) Network Client; otherwise, your application will be ineligible.

### **For Registered Clients:**

Please provide your CNMI SBDC Client Number: \_\_\_\_\_.

### **For New Clients:**

If you are not registered, please create an account at this link: <https://marianas.ecenterdirect.com/signup>.

After registering, provide your CNMI SBDC Client Number: \_\_\_\_\_.

**Required Documents:** Include the following items with your application upon submission:

- ☐ **Proof of Residency:** (e.g., utility bill within 6 months, Copy of 1040, CNMI Driver's License, or government-issued ID)  
Type provided: \_\_\_\_\_.
- ☐ **Business License:** Attach a copy of your current business license.  
Expiration Date: \_\_\_\_\_.  
Incorporation Date: \_\_\_\_\_.
- ☐ **Business Plan:** Comprehensive outline of your goals and strategies.  
Advisor (if applicable): \_\_\_\_\_.
- ☐ **Tax Clearance:** Provide a certificate showing your business is in good standing.  
In good standing? (Circle one) Yes / No  
If No, reason: \_\_\_\_\_.
- ☐ **Financial Projections:** Include expected income and cash flow forecasts.  
*Note: Attach at least three vendor quotes for any equipment you plan to acquire.*

**Waiver Forms:** Make sure you have read and signed the attached waiver forms.

- ☐ **Liability Waiver**
- ☐ **Media Release form**



# Northern Marianas College

## CNMI Innovation Incubator Program

P.O. Box 501250 • Saipan, MP 96950 U.S.A.

Phone: (670) 234-5498 ext 9214/9215

[www.cnmisbdc.com](http://www.cnmisbdc.com)

## CNMI INNOVATION INCUBATOR PROGRAM

DEADLINE TO SUBMIT: Tentative

SBDC CLIENT NO. \_\_\_\_\_

Name(s): \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact No. \_\_\_\_\_ Email: \_\_\_\_\_

Website URL/Social Media handle for your business (if applicable): \_\_\_\_\_

### Type of Business:

<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> LLC	<input type="checkbox"/> Other: (Please specify) _____	

### Business Category:

<input type="checkbox"/> Innovation	<input type="checkbox"/> Technology	<input type="checkbox"/> Arts/Culture
<input type="checkbox"/> Hospitality/Service Industry	<input type="checkbox"/> Health & Wellness Industry	

*(Ineligible business types: Non-profit, Cannabis, Gaming & Casino, Adult Industry, Estate, Rental, or any passive income businesses)*

How long have you been in business? \_\_\_\_\_

Have you received prior financial assistance from other programs? Please specify. (e.g., BOOST, Seed2Sail, BOH Revitalization Grant, etc.): \_\_\_\_\_

\*\*\*Disclaimer: The CNMI SBDC-NMC Innovation Incubator Program and the Selection Committee reserve the right to disqualify any applicant if upon further review, an applicant may have been deemed ineligible for competition regardless if a selection of finalist notice has been issued and received by the applicant. \*\*\*



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**Please provide a brief description of your business innovation/product/service offered:**

**What makes your business innovation/product/service unique?:** *2 pages maximum, typed, 12 size font Times New Roman font, single spaced*

**What struggles or setbacks are you currently facing with your business?:**

**Example:** Space, Supplies or Materials, Equipment, etc.



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**What training or mentorship would help improve your business or assist to better serve the community?:**

**What measurable results can we expect to see in the first year of operation under the CNMI SBDC-NMC Innovation Incubator Program?:**

**Why should your business be selected for the CNMI SBDC-NMC Innovation Incubator Grant? 2 pages maximum, typed, 12 size font Times New Roman font, single spaced**

**Print Name/Signature/Date:**

***For Official Use Only***

**Received By: Print Name/Date/Time**



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### LIABILITY WAIVER/ MEDIA RELEASE FORM:

#### MEDIA RELEASE:

I, \_\_\_\_\_, agree to grant to the CNMI SBDC-NMC Innovation Incubator Program, service centers and associated partners permission to use my name, my business name and general information about my business for public release or in materials published under the logo and name of the CNMI SBDC NMC Innovation Incubator Program.

#### LIABILITY WAIVER:

I, \_\_\_\_\_, hereby assume all the risks of participating in any/all activities associated with the CNMI SBDC-NMC Innovation Incubator Program, including but not limited to, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

**Print Name/Signature: Date:**

\*\*\*Disclaimer: The CNMI Innovation Incubator Program is fully funded by a cooperative agreement with the U.S. Small Business Administration (SBA). All opinions, conclusions or recommendations expressed are those of the author (s) and do not necessarily reflect the views of the SBA. Requests for reasonable accommodations for persons with disabilities will be made if requested at least two weeks in advance. Language assistance services are available for limited English proficient individuals with at least two weeks advance notice. For arrangements, please contact your local CNMI Innovation Incubator Program at P.O.Box 501250 Saipan, MP 96950, Tel: (670) 234-5498 Ext. 9214/9215, or email ([cnmi.incubator@marianas.edu](mailto:cnmi.incubator@marianas.edu)). Services are extended to the public on a non-discriminatory basis.\*\*\*