

APPLICATION CHECKLIST

Start Your Journey Today

1. Must be a registered CNMI SBDC Client

- For registered clients: please provide your SBDC Client Number: _____
- If you are not registered, please create an account using this QR code below.



REGISTER NOW

Scan this QR Code with your smartphone camera or visit bit.ly/CNMISBDC

2. Gather Required Documents

- 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. (2 pages max)
- 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.

These documents are essential for a smooth review process and will enhance your application. If you have any questions, feel free to contact our team for assistance!

3. Submitting Your Application

Once your application and documents are complete, please email them to cnmi.incubator@marianas.edu or submit them in person at our temporary incubator office in **NMC Building O**.

Thank You for Your Interest!

Northern Marianas College

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

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

www.cnmisbdc.com/innovationincubator



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**AMERICA'S
SBDC**
CNMI NETWORK

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U.S. Small Business Administration

RECEIVED BY: _____

DATE: _____

TIME: _____

SBDC CLIENT NO. _____

CNMI INNOVATION INCUBATOR PROGRAM

DEADLINE TO SUBMIT: JUNE 13, 2025 at 5PM

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	<input type="checkbox"/> Other: (Please specify) _____

(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 (Submissions that exceed 2 pages will be disqualified.)*

What challenges or setbacks are you currently facing within 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 Innovation Incubator Program?: *1 page maximum (Submissions that exceed 1 page will be disqualified.)*

Why should your business be selected for the CNMI Innovation Incubator Grant?: *2 pages maximum, typed, 12 size font, Times New Roman font, single spaced (Submissions that exceed 2 pages will be disqualified.)*

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). Services are extended to the public on a non-discriminatory basis.