



Instructions:

1. **Complete this form in its entirety.** If some questions do not apply, indicate "N/A". **Do not leave fields incomplete.**
2. Submit the completed form via E-mail to [agincubator@ctahr.hawaii.edu](mailto:agincubator@ctahr.hawaii.edu) or fax to 808-956-3547
3. A representative of AIP will contact you within 5 business days to discuss next steps.

Company Information		
Company Name:		
Company's Business Structure (sole prop., LLC, not yet created, etc.):		Date Company Started:
Primary Contact Person:		Primary Contact Title:
Does Primary Contact Work For Other Businesses?:	(Y/N)	If So, How Many Hours Per Week Total?:
Phone Number(s):		Fax:
Email:		Website:
Address:		Zip Code:      Island:
Number of Employees (Including Owners):		Acres in Production:
Number of Employees (Including Owners) In Each of the Following Ethnic Categories. Total should match Number of Employees above:		
_____ Native Hawaiian	_____ Pacific Islander	_____ Asian American
_____ African American	_____ Hispanic	_____ Other Indigenous Group
_____ Mixture (with above minorities)	_____ Caucasian and other non-minorities	
Who are the owners of your company and what are their percentage of ownership?:		
Who are responsible for the following functions and what experience do they have in these functions?		
Financial:		
Production/Operations:		
Marketing/Sales:		
Overall Leadership/Management:		
Financial Information		
Hawaii Revenues Last Tax Year: \$	Out of State Revenues Last Tax Year: \$	
Net Income Last Tax Year: \$	What do you think <u>monthly</u> sales will be 1 year from now?: \$	
How do you determine the price of your product(s)?:		
Business Model		
What products/services will/do you offer to customers?:		
What customer need does your product/service fulfill / what customer problem does it solve?:		
How do your products/services address the customers' problem/need?:		
Describe what your company will look like in 5 years (customers, employees, products, services, etc):		



Market Information

Who and where are your current/intended customers? (describe as completely as possible):

Who are your main competitors for the customers described above?:

Why would the customers described above prefer to do business with you instead of your competition?:

What one thing do you most want your company/products/services to be known for?:

Other

How will your business impact agriculture in Hawaii?:

How, specifically, do you hope that AIP can help your business/What do you hope to change? :

Why do you feel this change MUST occur/What will happen if this does not change?:

How many hours per week can you commit to for working with AIP and on the tasks that AIP assigns?:

How did you hear about AIP?:

Who is your CTAHR Extension Service Contact (if any)?: