

Qualified Business Venture (QBV) Application

QBV Contact Information

Date: _____

QBV Name	
Legal Structure	
Address	
Contact Person	
Phone	
Email	
Address	

QBV Basic Information

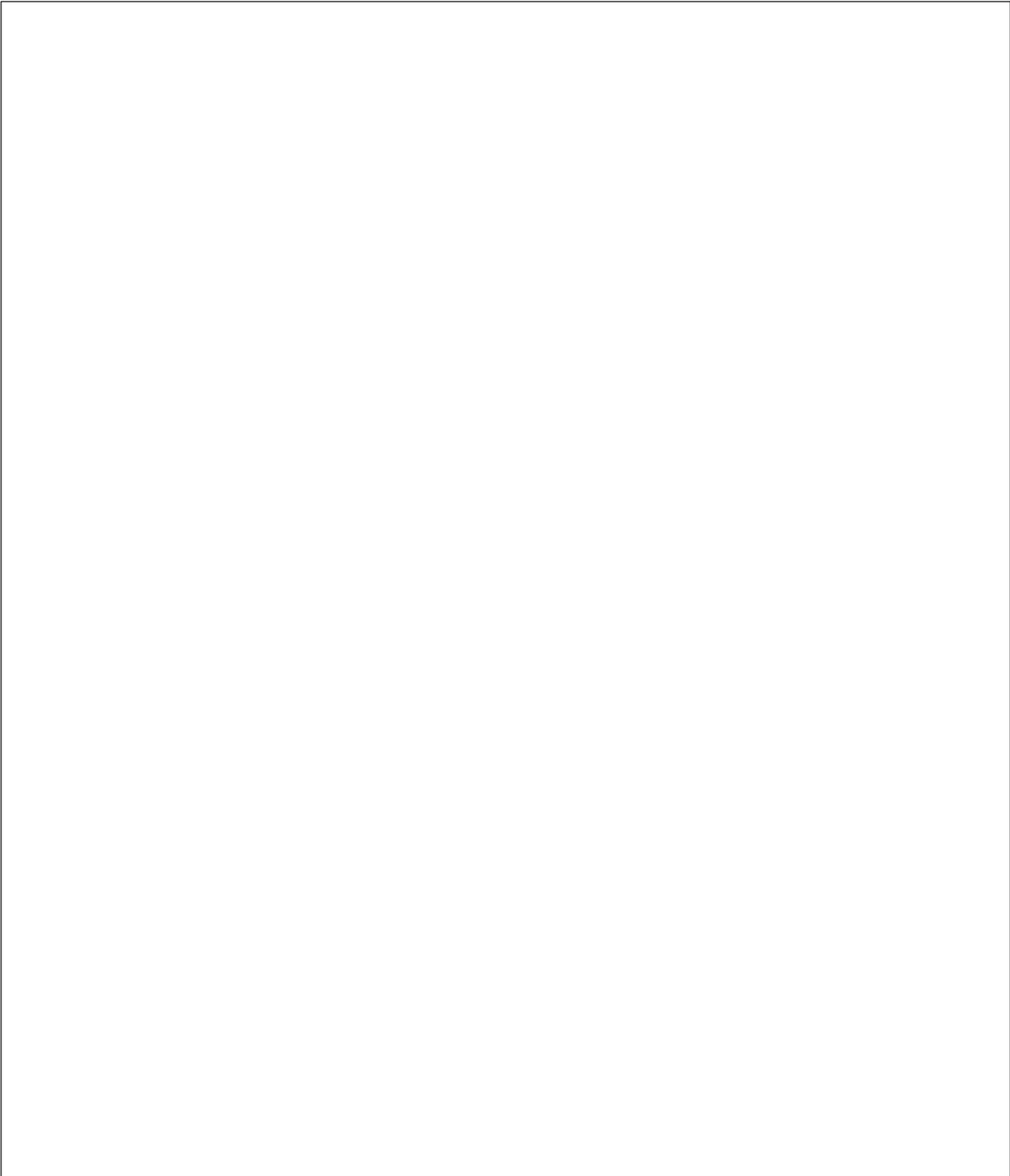
Statement of Purpose:

Description of Business:

Product(s) or Service(s) Offered:

Executive Summary

In no more than two (2) pages, please describe how the QBV would use the grant monies to commercialize research and development, to commercialize technology transfers, or to commercialize new technology within Pennsylvania, including specific, measurable goals to be achieved during the first 12-month period of the grant. Please identify the QBV's current sources and uses of funds and summarize the QBV's financial needs.



QBV Marketing Strategy

Please describe the QBV's marketing strategy, or attach the QBV's marketing plan:

Marketing Plan attached (optional)

QBV Owners and Key Employees

Please list the QBV's owners, corporate officers, proprietors, partners, general partners, limited partners, equity investors, or any person or entity that owns or directs or controls any interest in the angel investor. If control of the QBV is organized or effectuated via a trust or shell corporations, then specifically identify the person or entity that exercises actual, ultimate control over the angel investor through the shell corporations. Additionally, please list all the QBV's officers, management, and key employees.

Name	Title	Address

QBV Employees and Locations

Please list the total number of QBV employees, and separately list the total number of QBV employees employed at a physical location within the Commonwealth of Pennsylvania.

Total Employees		Pennsylvania Employees	
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Number of years that the QBV has operated from a physical location within the Commonwealth: _____ years.

Please identify all physical locations, both inside and outside the Commonwealth of Pennsylvania, from where the QBV operates.

Location Name	Description	Address

QBV Financial Information

Please indicate the current amount received in private equity investments per investor:

Private Equity Investor	Amount Invested
Total	

Please describe the financial record keeping of the QBV and give the name(s) of persons responsible for maintaining these records:

Financial Attachments:

Cashflow Statement

Balance Sheet

Three-year Income Projection

QBV Liability and Security Information

Please describe any business liability insurance coverage maintained by the QBV:

Please provide a detailed description of both the physical and information technology security measures maintained by the QBV:

The most recent SSAE 18 audit, or SOC 1-3 report attached (optional):

Certifications

I certify that all information in this application is true and correct subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities). In particular, I certify that as of the date of this application, _____ is a qualified business venture, which meets all the following criteria:

- (1) Is not at the time of the application and nor will be during the term of the grant agreement, engaged in the real estate business; real estate development; insurance; professional services provided by an accountant, lawyer, or physician; or retail sales, except when the primary purpose of the business is the development of or support for online electronic commerce.
- (2) Is primarily focused on commercializing research and development, technology transfers, or the application of new technology.
- (3) Has at least 51% of its employees employed at physical locations within the Commonwealth.
- (4) Has fewer than 100 total employees.
- (5) Has been operating from a physical location within the Commonwealth for not more than five consecutive years on the date the application is submitted.
- (6) Has not received more than \$2,000,000, in the aggregate, in private equity investments of which not more than \$1,000,000 was invested by a single investor.

Signature: _____

Date: _____