## **NJ Innovation Fellows**

## Management Team Member Entrepreneur Questionnaire

The Innovation Fellows program will support would-be entrepreneurs, particularly diverse entrepreneurs, with "income replacement" grants. This resource creates an opportunity for the entrepreneurs to pursue unique startup business ventures with the security of initial income replacement funding in the two-year ideation and formation period of their businesses.

The Management Team Member Entrepreneur Questionnaire is a form that must be filled out and signed by each member of the management team. This questionnaire will ask specific questions regarding the eligibility of the team member for this program. Supporting documents must be attached and uploaded to this application as needed.

NOTE: This form is required for each entrepreneur who is a part of the management team and must be uploaded to the NJIF application.

ENTREPRENEUR CONTACT INFORMATION				
Entrepre	neur Full Name:			
Address:				
Street Addre	ss 1			
Street Addre	SS 2			
City		State	Zip Code	
Phone Number:		Email:		
MOST RE	CENT WORK EXPERIENCE			
	Company:			
	Last Day of Employment:			
	Reference Name:			
	Reference Email:			

Are you	a "First time entrepreneur"?
perated in	e entrepreneur" is one who has have never been listed as a founder, co-founder, or owner of a business entity which a targeted industry in the State of New Jersey, nor have I received third-party, institutional, funding for past urial opportunities at the ideation phase, the earliest phase of business formation, or any later stage of business
araeted In	dustries means:
dvanced Ti levelopmen	ransportation and Logistics, Advanced Manufacturing, Aviation, Autonomous Vehicle and Zero-emissions research or nt Clean Energy, Clean Tech, Life Sciences, Hemp Processing, Information and High Technology, Finance and Insurance, I Services, Film and Digital Media, Non-retail food and beverage business (including food innovation)
<b>f YES,</b> ple	ease complete the certification below
,	, hereby certify that I am a "First-Time Entrepreneur." I
nave nev	ver been listed as a founder, co-founder, or owner of a business entity which
-	d in a targeted industry in the State of New Jersey, nor have I received third-party,
	onal, funding for past entrepreneurial opportunities at the ideation phase, the earliest f business formation, or any later stage of business formation.
Are you	a "diverse entrepreneur" as defined in N.J.S.A. 54:10A-5.29?
ousiness" de	trepreneur" is defined in N.J.S.A. 54:10A-5.29 as individuals meeting the criteria for "minority business" or "female efined in N.J.S.A. 52:32-19 as either "persons who are black, Hispanic, Portuguese, Asian-American, American Indian or iives" or a woman.
<b>f YES,</b> ple	ease complete the certification below
	, hereby certify that I am a Diverse Entrepreneur.
,	
college)	a graduate of a New Jersey College (including community or University?  ease include a copy of the NJ college/university diploma to the NJIF application
	I authorize the below individual to submit my questionnaire as part of the New Jersey Innovation Fellows application
	Name of Individual Submitting Application
	I affirm, represent, and warrant that the information contained in this questionnaire and in all associated attachments submitted herewith is to the best of my knowledge true and complete.
	I understand that our NJ Innovation Fellows application is being submitted as a team and any misrepresentations made by me or any members of the team on any part of the application may effect the eligibility of the application and/or lead to disqualification/debarment or suspension, as per the Authority's Disqualification/Debarment Regulations and Executive Orders 34 (Byrne 1976) and 189 (Kean 1988).
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Full Nam	ne
Signatur	re Date