



Policies and Procedures for Leasing Cubicle Space

Objective

To provide start-up and underserved entrepreneurs (Business) a professional business space at an affordable rate and support their success by leveraging our existing connections. This policy describes the procedure for applying and guidelines of its use.

Cubicle Assignments

Priority is given to Economic Growth Business Incubator (EGBI) graduates followed by GAACC members, for profit enterprises that are in the start-up phase (in business 2 years or less), that show growth potential. Cubicles are leased based on these priorities and availability. GAACC decisions are final.

Benefits

1. Listing on GAACC website
2. Promotion on GAACC newsletter and Facebook page
3. Visibility with GAACC diversity partners
4. Free admission to GAACC lunch and learn seminars, workshops, mixers
5. Support with minority certification

Lease Timeline

Cubicles are leased for 6 month periods and may be renewed on a case by case basis, based on space availability and demonstrated need to continue incubating. Notwithstanding, no business may incubate with GAACC for more than 18 months.

Lease Rates

- EGBI graduates: \$50/month. Status will be verified with EGBI
- GAACC members: \$100/month. Membership must be in good standing or business will be charged non-member rate
- Non EGBI/GAACC: \$150/month

Lease Terms and Conditions

1. GAACC will provide cubicle space with one desk and one chair. No office supplies or computers will be provided.
2. Direct landline is available for additional \$50/month.
3. Utilization is limited to 8:30am – 5:00pm when staff is present. Occasionally, these times will be reduced if staff is unavailable. Prior notice will be given should this occur.
4. Business will have free access to wifi, conference room on a first come, first serve basis, and copier for normal business use. Large copies of posters, etc should be made outside.
5. Business must carry general liability insurance.
6. Non EGBI graduates must submit a completed business plan in first 90 days or lease will be terminated.
7. Refundable security deposit is \$150.
8. GAACC reserves the right to terminate this agreement with 30 days written notice should we become unable to continue this program.



Application Process

To be considered, an applicant must complete and submit the following:

1. Application Form (on page 3)
2. Signed Policies and Procedures acknowledgement
3. Waiver for background check
4. \$30 application fee – in cash or checks made out to Greater Austin Asian Chamber of Commerce

Cubicle Guidelines

Violations of the guidelines below may result in lease termination and possible forfeiture of security deposit.

- Maintain a professional environment in personal appearance and cubicle use.
- Use picture hangers only for decorations. Repairs needed due to glue or other materials that damage walls will be charged to business.
- Cubicle should be maintained as office space, not storage space.
- GAACC will provide office water from dispenser and use of small office refrigerator. Food may be consumed in cubicle space or conference room if unused. Everyone is responsible for keeping these clean and sanitary.
- Microwave and sink are available in main building kitchen.
- GAACC is an unequivocal equal opportunity, non-smoking, drug-free facility.
- Anyone under the influence of drugs or alcohol will not be permitted on the premises.
- Weapons of any kind are expressly forbidden.
- EGBI graduates agree to provide EGBI with quarterly reports about business status including but not limited to total revenue, job creation and financing opportunities.

Waiver/No Guarantee of Results

Business acknowledges and agrees that neither GAACC nor EGBI can guarantee that Business will succeed. GAACC and EGBI make no representation as to the commercial utility of our recommendations or that the use of such recommendations will not infringe on any intellectual property rights of others.

Business shall be solely responsible for making all decisions and taking actions related to its enterprise, including compliance with all applicable laws and regulations, and Business hereby waives, and covenants not to sue GAACC or EGBI or its employees, agents, contractors or other representatives for any claim related to such matters.

I have read, understand and agree to the all the policies and procedures listed above.

Signature

Date



Cubicle Lease Application

Applicant Personal Information			
Company Name:			
Contact person information check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.			
First name:		Last name:	
Address:	City:	Zip:	
Email:		Cell:	
Are you a housing authority (HACA) resident or employee?			
Applicant Business Information			
Are you an EGBI graduate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a current GAACC member?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How did you hear about GAACC/EGBI incubator program?			
<input type="checkbox"/> Alumni/Family/Relative	<input type="checkbox"/> City of Austin/SBDP/SMBR	<input type="checkbox"/> EGBI	
<input type="checkbox"/> GAACC	<input type="checkbox"/> HACA	<input type="checkbox"/> Radio/TV/Newspaper	
Do you currently have a business? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many months?	
Describe your business:			
What kind of assistance are you seeking?		<input type="checkbox"/> Business plan	
<input type="checkbox"/> Business funding		<input type="checkbox"/> Minority/women owned certification	
<input type="checkbox"/> Marketing and sales		<input type="checkbox"/> Other:	
Provide name and contact information of three references:			
Application Fee Payment \$30			
<input type="checkbox"/> Cash		<input type="checkbox"/> Check	
<input type="checkbox"/> Payment by credit card - please select type:			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Number:			
3 Digit pin on back of card:		Expiration date:	
Demographic (Optional for Reporting Purposes Only)			
<input type="checkbox"/> Asian	<input type="checkbox"/> African American	<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> White
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other/Trans	
For Office Use Only:			
Date received:		Date processed:	
<input type="checkbox"/> Application		<input type="checkbox"/> Application fee	
<input type="checkbox"/> Signed Policies		<input type="checkbox"/> Background check permission	



Background Release

In connection with my service at _____ (hereinafter referred to as **My Organization**),
NAME OF ORGANIZATION

I hereby authorize **True Hire**, on behalf of **My Organization**, to procure a local and/or national background check on me. I understand the background check will contain record of any criminal conviction and/or criminal file maintained on me whether local, state, or national. I hereby release **True Hire** and **My Organization** of any and all claims and liability resulting from such disclosures. I hereby authorize all law enforcement agencies to release all information they may have about me to **True Hire** and **My Organization** or its agents, and do forever release them from any liability or responsibility for doing so to the fullest extent allowed by law from any claims arising from the requested information.

I recognize and agree that a copy or facsimile of this document shall be as valid as the original. I recognize and agree that this release shall be valid for this and any future update reports requested.

According to the Fair Credit Reporting Act, I am entitled to know if I am denied based on information contained in this report, and to receive, upon written request, a disclosure of the public record information as well as the nature and scope of the investigative report.

Confidential Information Used for Background Checking Purposes

PRINT FIRST NAME	MIDDLE INITIAL	LAST	SOCIAL SECURITY NUMBER	DATE OF BIRTH
DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	PHONE		
PRESENT ADDRESS	CITY, STATE, ZIP		COUNTY	
EMAIL				

Please list any previous addresses you have had in the past 7 years:

PREVIOUS ADDRESS	CITY, STATE, ZIP	COUNTY
PREVIOUS ADDRESS	CITY, STATE, ZIP	COUNTY
PREVIOUS ADDRESS	CITY, STATE, ZIP	COUNTY

Please list any former names (i.e. maiden or otherwise) you have used in the past 7 years:

Please list any former felonies or misdemeanors you have been convicted of in the past 7 years (Please list date, charge, location, disposition):

Sign Here

Signature

Date