**Rock County**

**Entrepreneurial Development
(RCEBD)**

**Program Application**

**Instructions: To participate in the RCEBD Program, applicants must complete and return this application, along with any supporting documentation, to Mike Mathews at** **Mike@EconomicGrowthAdvisors.com****. If the response to any of the questions below does not apply and/or you do not have the requested information**

***for the sections applicable to your business concept or existing business*, please insert Not Applicable (NA).**

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| --- |
| **Applicant Information**  |
| Date:       |
| Contact Name:       |
| Business Name:       |
| Telephone:       |
| Email Address:       |
| Home Address:       |
| RCEBD Referral Source (Contact and/or Organization):       |
| **Assistance Requested (please check all applicable boxes)** |
| [ ]  Business concept review  |
| [ ]  Business plan assessment and prioritization |
| [ ]  New business formation |
| [ ]  Expansion of existing business |
| [ ]  Customer and market diversification |
| [ ]  Identification and pursuit of debt/equity funding |
| [ ]  Management assistance, mentoring and network linkages |
| [ ]  Small business ownership transition |
| **Business Stage**  |
| **Please identify your current business stage and *fill out the corresponding colored sections only***:  |
| ❶ Proposed Business Concept (Your Business Is Not Yet Started): **Fill out the** ❶ **ORANGE SECTIONS only.** |
| ❷ Early-stage (Your Company Is Established) or Second-stage (Your Company Is Fully Operational): **Fill out the** ❷ **GREEN SECTIONS only.** |
| ① **Business Concept Stage Information (Your Business Is Not Yet Started)** |
| Describe your proposed product or service:       |
| Describe the customer/market need your product or service will meet:       |
| ① **Business Plan (Your Business Is Not Yet Started)** |
| Business Plan: [ ]  Yes. If yes, please attach. Comment:       [ ]  No. Comment:       |
| If not included in the business plan, please submit financial projections if available.**\*\**The financials submitted will remain confidential.*** |
| ① **Financials and Draft Plan (Your Business Is Not Yet Started)** |
| Owners equity investment amount available: $      |
| Please list potential sources of additional funding:       |
| ① **Business Opportunities (Your Business Is Not Yet Started)** |
| How do you think the RCEBD Program can assist your business in the areas of organization, strategy, sales, distribution, intellectual property, etc.?       |
| ② **Early or Second-Stage Company Information (Your Business Is Operational)** |
| Company Structure: [ ]  Sole-Proprietor [ ]  LLC [ ]  C-Corp [ ]  S-Corp |
| Date Business was Established:       |
| Business Street Address:       |
| City/State/Zip Code:       |
| Business Telephone:       Cell Phone:       |
| Website:       Email:       |
| Business Type/NAICS Code:       |
| Business Description: Please provide a brief description of the product(s)/service(s) and nature of the market. Submit product brochures and company literature if available.       |
| Customer/Market Description: Please provide a brief description of the current or potential market(s) and targeted customer base(s).       |
| Current Annual Sales: $      Estimated Annual Sales for Next Year: $      |
| Financials: Please attach most recent financial documents (Balance Sheet, Income Statement, etc.). **\*\**The financials submitted will remain confidential.***       |
| Type of financing used to operate business to-date (Personal Funds; Friend & Family Investment; Equity Investors; Bank Financing; Equipment Leases, Grants):       |
| Number of Current Employees: Full-time       Part-time       |
| Projected number of **full-time** employees within the next: 12 months       24 months       |
| Projected number of **part-time** employees within the next: 12 months       24 months       |
| Business Plan: [ ]  Yes. If yes, please attach. Comment:       [ ]  No. Comment:        |
| ② **Business Needs (Your Business Is Operational)**  |
| Current:       |
| Next 12-24 months:       |
| Next 2-5 years:       |
| ② **Owner/CEO Information (Your Business Is Operational)** |
| Owner’s Name(s): Please list the names of any individuals that have at least 20% company ownership and indicate their ownership share.       |
| Minority or Woman-owned? [ ]  Yes. Comment:       [ ]  No. Comment:       |
| Current Street Address:       |
| City/State/Zip Code:       |
| Management Experience: Please attach appropriate resumes.       |
| ② **Business Accomplishments/Requirements/Opportunities (Your Business Is Operational)** |
| What are your key business accomplishments to date?       |
| What are the top three current opportunities for your business?       |
| What are the top three challenges for your business?       |
| What attributes and/or benefits does Rock County provide for your business?       |