**2016 Open 4 Business**

**ENTRY FORM**

Your name:

Title:

Address:

E-mail:

Phone: (     )     -

Your business must be located within the designated Main Street district.

*PLEASE NOTE: This is a requirement for this program. Your physical location of operation must be within the designated Main Street district of your community. Please see your local Main Street program director if you have questions about this location.*

Business Name:

Type of business:

Business Address:

Hours of Operation:

**OVERVIEW:**

1. Please explain/describe your business. What product or services do you offer and who is your customer? Why are you in business?

1. How would you use the $8,000 “Open 4 Business” sub-state funds if awarded? How will the funds help your business achieve your goals?

1. How would you use the $20,000 “Open 4 Business” state funds if awarded? How will the funds help your business achieve your goals?

1. For this venture, will you lease, purchase or own your location?

[ ]  Lease [ ]  Purchase [ ]  Already own space

1. What is your background/experience in operating this type of business?

1. Will you, the owner, manage the business? Yes [ ]  No [ ]

If not, what will your role be?

1. How many additional employees, if any?       Full time       Part-time
2. Will you offer benefits? Yes [ ]  No [ ]

If yes, what type of benefits?

1. What is your service area? Local community, county, Midwest, national? Explain.

1. Describe at least three marketing directives/efforts. Who will conduct these efforts and what are the expected results? *(Website, in person sales, online sales, trade shows, etc.)*
2.
3.
4.
5.
6.
7. What are some potential markets you have identified?

1. Who is your competition? What is your competitive advantage?

1. Have you received technical assistance from other sources?  *Main Street Iowa, SBDC, college or university, local development organization, SCORE, vendor or supplier?* Yes [ ]  No [ ]

If yes, what type of assistance?

**FINANCIAL INFORMATION:**

1. Please **complete and submit the attached Budget for Project Expenditures** form outlining how you would use the Open 4 Business grant funds for your project. A 25% cash match is required. *($8,000 sub-state winners must contribute a minimum of $2,000. State winner must contribute a minimum of $7,000 = $2,000 from sub-state award funds and from $5,000 state award funds.)*
2. What is your personal investment in the business? What is your “skin in the game”? Include all sources.

1. How does/will your business benefit the local Main Street district?

1. If you do not win this competition, how will you proceed?

**SIGNATURES:** (Required)

* The business applicant assures that the representations made in this application, including all exhibits and attachments, are true and correct to the best of the entity’s knowledge.

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**Signature** (Business Owner) **Date**

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed/printed name and title of above individual

* We submit this application of behalf of       .

 (local main street program)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** (Board President or Vice-President) **Date**

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Typed/printed name of above individual

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** (Executive Director) **Date**

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Typed/printed name of above individual