|  |  |
| --- | --- |
| Business INFORMATION | |
| Applicant Name | Click or tap here to enter text. |
| Applicant Title | Click or tap here to enter text. |
| Business Name/DBA | Click or tap here to enter text. |
| Business Address | Click or tap here to enter text. |
| Date business started | Click or tap here to enter text. |
| Number of employees | Click or tap here to enter text. |
| Business telephone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Tax ID/Employment Identification Number | Click or tap here to enter text. |
| Primary bank | Click or tap here to enter text. |
| Accounting firm | Click or tap here to enter text. |
| Attorney | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **BUSINESS FINANCIAL INFORMATION** | | | |
| Annual sales for the past 3 years (if applicable) | Year 1: $ Click or tap here to enter text. | Year 2: $ Click or tap here to enter text. | Year 3: $ Click or tap here to enter text. |
| Current business checking account balance | $ Click or tap here to enter text. | | |
| Balance(s) in other accounts | $ Click or tap here to enter text. | | |
| Existing business debts (list on separate sheet) | $ Click or tap here to enter text. | | |
| Amount of grant request\* | $ Click or tap here to enter text. | | |
| Principal owner information | Click or tap here to enter text. | | |

\*Please provide strong financial and in-depth narratives for use(s) of grant funds in Section F. Priority will be given to applicants demonstrating a clear need for grant funds to grow their business, hire additional staff, grow the commercial tax base, and/or create a significant social impact in the County.

|  |  |
| --- | --- |
| CHECKLISTApplication Will Not Be Accepted Unless Items Listed Below Are Included With Application. | |
|  | Business financial statements for past 3 years *(send separately, if applicable)* |
|  | Existing business debts, including summary and explanation. *(send separately)* |
|  | Detailed written business plan completed *(on following pages)* |
|  | Detailed list of intended use of the funds *(Section F of Business Plan, on following pages)* |
|  | Copy of current business license. *(send separately)* |
|  | Copy of certification of entrepreneurship training *(send separately, not required)* |

Thank you for completing the application form. Please sign the proposal below.



Signature

Click or tap here to enter text.

Print your name

Click or tap to enter a date.

Date

Business Name: Click or tap here to enter text.

**A. Business Description**  
*Explain the general type of business or service your company provides. Is this a start-up, expansion or take-over? Explain the business form: sole proprietorship, partnership, corporation, or limited liability company? Explain your products and your customers.*

Click or tap here to enter text.

Additional Questions:

1. Why will you be successful in this business?  
   Click or tap here to enter text.
2. What is your experience with this type of business?   
   Click or tap here to enter text.
3. What is unique about this business?   
   Click or tap here to enter text.

**B. Products and Services**  
*Describe your product offering. This may include details of product features and an overview of unique technology or processes. Also describe the product benefits and why customers will want to buy.*

Click or tap here to enter text.

Additional Questions:

1. What products/services are you (will you be) selling?   
   Click or tap here to enter text.
2. What are the features and benefits of what you sell?  
   Click or tap here to enter text.
3. What Position do you have (or want to have) in the market?  
   Click or tap here to enter text.
4. How do your products/services differ from the competition?  
   Click or tap here to enter text.
5. What makes your products unique and desirable?  
   Click or tap here to enter text.
6. Why do (will) customers buy from you?  
   Click or tap here to enter text.

**C. Market Analysis**

*For start-ups or existing businesses, market analysis is important as the basis for the marketing plan and to help justify the sales forecast. Existing businesses will rely heavily on past performance as an indicator of the future. Start-ups have a greater challenge - they will rely more on market research using libraries, trade associations, government statistics, surveys, competitor observation, etc. In all cases, make sure your market analysis is relevant to establishing the viability of the business and the reasonableness of the sales forecast.*

Click or tap here to enter text.

Questions for Existing Businesses:

1. Who are your current customers? (List largest customers or categories.)  
   Click or tap here to enter text.
2. What do they buy from you?  
   Click or tap here to enter text.
3. Why do they buy from you? (Quality, Price, Reputation, etc.?)  
   Click or tap here to enter text.
4. How do they buy from you? (store, online, kiosk, etc.)  
   Click or tap here to enter text.

Additional Questions:

1. Who are the purchasers of your products or type of products? (Geographic, Demographic and Psychographic characteristics)  
   Click or tap here to enter text.
2. What is the size of the market? Is it growing?  
   Click or tap here to enter text.
3. What is (will be) your share? How will your share change over time?  
   Click or tap here to enter text.
4. What is the industry outlook?   
   Click or tap here to enter text.
5. Are there segments of users who are under-served by competition?  
   Click or tap here to enter text.
6. Do any of these under-served segments present opportunities?  
   Click or tap here to enter text.

**D. Marketing Plan**

*In this section, you include the highlights or your detailed marketing plan. The basic components of a Marketing Plan are:*

* *What are you selling? (What benefits do you provide and what position or image do you have?*
* *Who wants the things you sell? (Identify Target Markets in 25 words or less)*
* *How will you reach your Target Markets and motivate them to buy? (Develop Product, Price, Place and Promotional Strategies, the 4 Ps)*

Click or tap here to enter text.

Product Strategy Questions:

1. How will products be packaged?  
   Click or tap here to enter text.
2. How broad will your product line be?  
   Click or tap here to enter text.
3. What new products will you introduce?  
   Click or tap here to enter text.
4. What Position or Image will you try to develop or reinforce?  
   Click or tap here to enter text.

Pricing Strategy Questions:

1. What will be your pricing strategies? (For example: Premium, Every Day Low Price, Frequent Sale Prices, Meet Competitor Price, etc.)  
   Click or tap here to enter text.
2. How will you compare with competition and how will they respond?  
   Click or tap here to enter text.
3. Why will customers pay your price?  
   Click or tap here to enter text.
4. What will be your credit policies?  
   Click or tap here to enter text.
5. Is there anything about your business which insulates you from price competition?   
   Click or tap here to enter text.
6. Can you add value and compete on issues other than price?  
   Click or tap here to enter text.

Promotional Strategy Questions:

1. Who are your Target Markets? (Starting with just one?)  
   Click or tap here to enter text.
2. How will you reach your Target Markets? (What Promotion and Communications Media will you use?)  
   Click or tap here to enter text.
3. How will you motivate them to buy? (What Message will you stress?)  
   Click or tap here to enter text.
4. What is the cost and timetable for implementation of the marketing plan?  
   Click or tap here to enter text.

**E. Competition**

*Who is your competition? Expand your concept of competition. If you plan to open the first roller skating rink in town, your competition includes movie theaters, malls, bowling alleys, etc.*

Click or tap here to enter text.

Additional Questions:

Who are (will be) your largest competitors? List them.  
Click or tap here to enter text.

How will your operation be better (and worse) than your competitors?  
Click or tap here to enter text.

How are competitors doing? What are their sales and profits?  
Click or tap here to enter text.

If a Start-Up: How will competition respond to your market entry?  
Click or tap here to enter text.

**F. Financial Investment Request & Funding Allocation Estimate**

Summarize your requested financial amount by this grant. Explain what you intend to use grant funds for, and how much you plan to allocate to those specific needs. You may submit a separate spreadsheet to support your narrative.

Click or tap here to enter text.

**Return on Investment (ROI)**

Return on investment (ROI) is a financial metric of profitability that is widely used to measure the return or gain from an investment. ROI can be measured in numerous ways. For example, you may see a percentage increase in revenues, or business growth, or additional jobs resulting in increased revenue for the following year. Please summarize your expected ROI if awarded grant funds.

Click or tap here to enter text.

Additional Questions:

1. How will this grant benefit Cobb County as your chosen place to conduct business?  
   Click or tap here to enter text.
2. Will you be able to verify where these fund are being spent? How do you plan to keep record of this?   
   Click or tap here to enter text.

**G. Supplemental Questions**

Please answer the following questions as accurately and detailed as possible.

1. How many individuals do you currently employ? What are your employment projections over the next two years?   
   Click or tap here to enter text.
2. What problem is your business solving?   
   Click or tap here to enter text.
3. Why is “now” the right time for your business to receive grant funds?   
   Click or tap here to enter text.
4. How will you maximize the grant funds to make your business “big”?   
   Click or tap here to enter text.
5. What makes this business or venture special?  
   Click or tap here to enter text.
6. What is the next level for this business or venture? What will it take from you to get there?  
   Click or tap here to enter text.
7. What are your 30, 60, 90, and 180 day milestones after receiving grant funds?
   1. 30-day milestones:  
      Click or tap here to enter text.
   2. 60-day milestones:  
      Click or tap here to enter text.
   3. 90-day milestones:  
      Click or tap here to enter text.
   4. 180-day milestones:  
      Click or tap here to enter text.
8. Do you have a following or customer base? Where are you now, and what is your plan to grow your following (or customer base)?   
   Click or tap here to enter text.
9. What is your 5-year plan? Where do you plan to be in 5 years?   
   Click or tap here to enter text.
10. How did you hear about this innovation grant program?   
    Click or tap here to enter text.
11. If awarded funds, would you be willing to help promote this innovation grant program?  
    Click or tap here to enter text.