



2017 Open 4 Business Application

Sponsored by the Iowa Economic Development Authority

APPLICATION RESOURCES:

We encourage you to review the online resources (contest rules, marketing flyer, budget template, judges scoring criteria, pdf of online application, etc.) prior to starting your application available [download here](#).

- Add the following to your e-mail safe/whitelist: noreply@jotform.com By doing this, you can be assured that you will receive the automated e-mails from the application system that will allow you to access your application as needed.
- Be sure to click the "Submit My Application" button located at the end of the application each time you access your application so that it will save your changes/updates. You will receive an automated "thank you message" confirming the receipt of your information.
- The Executive Director and the business owner will also receive a confirmation e-mail that includes a link back to this application so that you can work on it as needed up until the application deadline which is 4 PM, Friday, May 12, 2017.

Please contact Susan Watson directly if you have questions regarding your online application form at 515.725.3059 or susan.watson@iowaeda.com.

Open 4 Business Contest Questions? Robin Bostrom / robin.bostrom@iowaeda.com / 515.725.3053

Community Information:

Requirement: The physical location of the business must be within the designated Main Street district.

Where is your business located? *

Required

Population:

(2010 Census)

Director E-mail Address: *

Executive Director of the local Main Street program

Contact Information for Business:

Name of Business: *

Required

Business Contact:

First Name Last Name

Title (owner, manager, etc)

Business Address (must be within the designated Main Street district)

City **Please Select**
State

Zip Code

Phone Number

—
Area Code Phone Number

Cell Phone Number –

Area Code Phone Number

Business E-mail: *

Required

Business Information:

Type of Business:

(retail, service, restaurant, etc.)

**Number of Years in
Business:**

Hours of Operation:

Business Concept:

(30 Points Possible)

Please explain/describe your business. What products or services do you offer? Why are you in business?

0/250

Describe your customer.

0/250

Describe your trade area. Where do your customers come from?

0/250

5. Will you, the owner manage the business?

Yes

No

If no, what will your role be?

Where do you see your business in five years?

0/250

Budget/Financial Information:

(20 Points Possible)

A 25% cash match is required.

- The business must have a **minimum investment of \$2,000** to compete for the sub-state award of \$8,000.
- The business must have a **minimum investment of \$5,000** to compete for the state award of \$20,000. The judging panel reserves the right to reduce the state award funds in the event of a tie which could result in the award amount and required match being adjusted.

Please complete and upload a PDF of your Budget for Project Expenditures form outlining how you would use the grand funds for your project.

no file selected

The budget form template is available for download by accessing the hyperlink at the start of the application. No other budget forms will be accepted.

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

0/250

How would you use the \$20,000 Open 4 Business state funds if awarded? How will the funds help you achieve your goals?

0/250

What is your personal cash match in the business? What is your “skin in the game”?

0/250

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

0/250

Community Impact:

(20 Points Possible)

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

0/250

How are you and/or your business involved in the community?

0/250

Current Number of Employees: **# Full Time** **# Part Time**

Will this project add additional employees? **If yes, how many?**
Yes No

Will you offer benefits?
Yes No

If yes, what type of benefits?

Competitive Advantage:
(15 Points Possible)

Who is your competition?

0/250

What is your competitive advantage? What sets your business apart from others in your market/trade area?

0/250

Marketing/Promotions:

(15 Points Possible)

Does your business have a marketing/promotional plan? Please explain sources that you use, frequency, and expected results.

0/250

What are some potential new markets/promotions you have identified?

0/250

What is your annual budget for marketing/promotion?

Do you use social media? Please explain.

Required Uploads:

Please upload a scanned letter of support for this application from your local Main Street Program. Must be signed by the Board President and Executive Director.

no file selected

Please upload your Business Pitch Video (mp4, wmv, and mov files only)

no file selected

(mp4, wmv, and mov files only) Video is limited to five minutes or less in length.

Application Signature:

By signing below, I certify all information is true and correct to the best of my knowledge.

Helpful Hint: Use your mouse to sign in the area below.

Signature: Business Owner