



POCAHONTAS COUNTY
ECONOMIC DEVELOPMENT COMMISSION

Jump-Start Accelerator Grant Application

Applicant Name(s): _____

Applicant Address(es): _____

Applicant Phone Number(s): _____

Are you 18 years of age or older? (select one): Yes No

Business Name: _____

Will business locate/relocate to Pocahontas County, IA within one year of receiving grant? (select one: Yes No

Will you be offering e-commerce? (select one): Yes No

Planned Business/Customer Hours: _____

Grant Request Amount: _____

Additional Startup Funding Source (grants, loans, personal funds, etc.): _____

Business Status (select one): New startup Relocating Business Established Business- Expanding Locations

- 1. Executive summary of project, please include primary use of requested funds, primary goals and implementation objectives:**

2. What are the specific goals/mission the business seeks to achieve?

3. Describe the impact the business will have on the vibrancy of Pocahontas County:

4. Describe why this particular project is unique and worthy of funding:

5. Describe how the business will address rural challenges through innovation and creativity:

6. Please outline your budget. Describe the need for funding and what you will use the money for, if awarded:

7. Provide a detailed timeline of tasks necessary to open your business along with anticipated opening date:

8. Identify all partners, logistical and financial, including an explanation of roles and responsibilities:

9. Define the target audience and its relevance to the business:

10. Describe the plans to market the business to the target audience:

11. Describe the number of employees your business will employ short-term and the potential for the future (including yourself). Feel free to refer to the business plan:

12. Grant recipients will have the opportunity to obtain additional training through Iowa Central Community College and/or the Small Business Development Center. Please list any training or classes that would benefit you in opening/owning your business.

Required Documentation Checklist to Accompany Application (please attach):

_____ Business Plan
_____ Business Owner(s) Resume(s)

Optional Document Checklist to Accompany Application:

_____ Letter(s) of Support