



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:

Are you willing to locate/relocate to Pocahontas County, Iowa 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 a challenge that Pocahontas County is facing?

6. Please outline your budget in detail. 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, its relevance to the business, and your plans to market to the target audience.

10. 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:

11. Explain your background, experience, and training that will help you in this new business. Identify additional training that you might benefit from.

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