

Mid-Ohio Valley Regional Council Launchpad Competition Application



Applicant Name: _____

Business Name: _____

Business/Social Media Website: _____

If applying as part of a group, the name(s) of your collaborators:

Street Address: _____

City/State/Zip: _____

Phone (home/work): _____

Email: _____

Where did you grow up? _____

Have you ever been charged with any felony or misdemeanor? YES / NO (circle one) If so, explain (include date, city, state and circumstances, including the precise charges and resolution of the case).

Have you ever convicted of a felony or misdemeanor? YES / NO (circle one) If so, explain (include date, city, state and circumstances, including the charges and case resolution).

Current Occupation/Place of Employment: _____

School(s) Attended and Degree(s) Completed (include year(s)):

Described in detail your business concept or product. If you already have an existing small business, please describe what it does or the product produced and how long you have been in business.

If you have an existing small business/product, what are your sales to date and projections for 2018?

Who is your target audience for this business and/or product? Please explain why.

Are there similar businesses or products on the market today? If so, please list them here and describe what is innovative about your business/product.

What is your experience in this particular business/industry?

The maximum amount of funds awarded will be at least \$5,000. What do you intend to with the investment funds? Where will the money go?

Has any money been invested in the business/product development? If so, how much and how were the funds used (please be specific).

Type:

Amount:

- | | |
|--|----------|
| <input type="checkbox"/> Grant | \$ _____ |
| <input type="checkbox"/> Savings | \$ _____ |
| <input type="checkbox"/> Family/friends | \$ _____ |
| <input type="checkbox"/> Loan | \$ _____ |
| <input type="checkbox"/> Investment/retirement Account | \$ _____ |
| <input type="checkbox"/> Equity from other source | \$ _____ |
| <input type="checkbox"/> Other | \$ _____ |

Why do you want to pitch your business/product?

Have you tried to raise money from outside sources? Have you been successful?

If you are planning to start a new business, how will fund other startup costs?

Did you apply for, or participate in the MOVRC Launchpad Competition last year? If so, what business product or concept did you pitch?

In signing below, you acknowledge the above information is as an accurate description of you and the business concept/product you desire to pitch. You also hereby agree to abide by the rules and outcome from the Launchpad Competition.

Name: _____

Signature: _____ Date: _____



*An Entrepreneurial and
new Business Initiative*



Mail Completed application to: Pleasants Area Chamber of Commerce (Attention: Launchpad) 309 Second Street, St. Marys, WV 26170. Or email application to launchpadmovrc@gmail.com