**Application**

**Woodbine Business Plan Competition**

Due by Feb 15, 2017 by 4:00 PM to

woodbinemainstreet@windstream.net or 313 Walker, Woodbine IA 51579

**Contact Information**

|  |  |
| --- | --- |
| Business Name | Click here to enter text. |
| Type of Business | Click here to enter text. |
| Applicant Name | Click here to enter text. |
| Phone | Click here to enter text. |
| E-Mail Address | Click here to enter text. |
| Address | Click here to enter text. |
| Business Address(if applicable) | Click here to enter text. |
| Hours of Operation | Click here to enter text. |
| Website(if applicable) | Click here to enter text. |
| Federal Tax ID#(if applicable) | Click here to enter text. |

**Business Plan Summary (use text boxes below)**

## 1. Describe Start-up Business Model or Expansion (include # of jobs created)

|  |
| --- |
|  |

## 2. Products/Services

|  |
| --- |
|  |

## 3. Target Market/Customer Profile

|  |
| --- |
|  |

## 4. Competitive Advantage (describe need for service or product in Woodbine)

|  |
| --- |
|  |

**5. Sales & Marketing Strategies**

|  |
| --- |
|  |

## 6. Biographical Summary (brief outline of experience)

|  |
| --- |
|  |

**Required Attachments**

1. **Profit & Loss Projection (monthly & annual)**

**(An Excel template is found at** [**www.woodbineia.com**](http://www.woodbineia.com) **on Main Street tab)**

1. **Credit Information Release – form is on the next page**

Under penalties of perjury, I (We) declare that I (we) have examined this application and its content, and to the best of my knowledge and belief, it is true, correct, and complete.

Dated this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Signature:

**Return completed application to:**

**woodbinemainstreet@windstream.net**

**Woodbine Main Street**

**313 Walker**

**Woodbine IA 51579**

**Competition Timeline**

Dec 1 Announcement of Competition – Details Request for Proposal Release

Dec 15 Request for Proposals (RFP) released (Application & Guidelines)

Feb 15 Business Plan Summary Due (Application & Attachments)

Mar 1 Finalists Announced

April 1 Full Business Plan due for review

April 10-14 Final Pitch Interviews

April 15 Award(s) announced

**Competition Awards**

**Up to $10,000 in competition award grants**

**Up to $10,000 in low-interest revolving loan funds**

The winner of the competition will receive up to $20,000 in start-up grants & low-interest revolving loan funds. Additionally, the winner will receive other benefits that could include building lease rebates, local and regional business mentoring, and other local incentives to be announced.

Woodbine Main Street Business Vitality Committee, in partnership with Woodbine Betterment & Development directs the Competition activities. A jury of panelists will select the Finalists, review the submitted Business Plans, listen to the Business Pitch Presentations, and select the overall winner(s).

**CREDIT INFORMATION RELEASE**

For the purpose of procuring credit information, authorization is hereby given to Farmers Trust & Savings Bank and/or its agents to verify in any manner it deems appropriate to investigate my past credit obligations and payment history.

Furthermore, in order to maximize funding opportunities, I authorize Farmers Trust & Savings Bank and/or its agents to share credit information in my application and credit history with local development organizations, county, state, and federal agencies, and financial institutions for the purpose of securing financing.

I understand that all information provided will remain in strict confidence. Additionally, I hold Farmers Trust & Savings Bank harmless for any information which it discusses with, or discloses to, other entities described above.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

Printed Name:

Social Security Number: Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

Signature:

Printed Name:

Social Security Number: Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

Signature:

Printed Name:

Social Security Number: Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |
|  |  |