# SECTION 1: APPLICANT INFORMATION Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Funding Request ($20,000 max)** **$** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Business First Grant Funding can be used for tenant improvements and FFE only.*

**Type of Business (check all that apply):**

 Retail Restaurant Bar/Club ⁫ Service Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give a brief description of your business:

Please describe your target customer:

Please describe the leadership structure of your company:

 Individual(s) Limited Partnership Limited Liability Company Corporation Other \_\_\_\_\_\_\_\_

**What percentage of the business is:**

Women-owned\_\_\_\_\_\_\_\_\_% African-American-owned \_\_\_\_\_\_\_\_\_% Other Minority-owned\_\_\_\_\_\_\_\_\_%

# SECTION 2: PROJECT INFORMATION

Square Footage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours of Operation *(must be minimum 50 hrs per week)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your parking needs and how are they being fulfilled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list **ALL** Sources of Funds for the Project, and **ALL** Uses of Funds (attach a separate sheet if needed):

*Note: Amounts reflected below for sources and uses should match. If there is a gap in financing, list it in sources. The numbers provided below should also match the projected balance sheet in the business plan. Provide an explanation if amounts do not match. Supporting schedules should be provided for all items.*

***\*Please attach commitment letters from all funders.***

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##### AMOUNT SOURCES OF FUNDS AMOUNT USES OF FUNDS

 *ie. Bank Loan, Equity, Business* *ie. Tenant Finish, FFE, working*

 *First Grant, Funding Gap, etc. capital, etc.*

$\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**$\_\_\_\_\_\_\_\_\_ TOTAL SOURCES OF FUNDS = $\_\_\_\_\_\_\_\_\_ TOTAL USES OF FUNDS**

9. Explain why you need the Business First Grant. What would you do with the award funds?

10. Is the property zoned to allow your business: Yes No. What is the zoning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Source of tenant improvement cost estimates:

 Source Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Please attach a copy(ies) of bids or cost estimate for full scope of project.***

# SECTION 3: MORE ABOUT YOUR BUSINESS

Is your business active on social media yet? If so, indicate on what platforms, your handles, how many followers, and average likes on posts:

Instagram @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Followers: \_\_\_\_\_\_\_\_\_\_\_\_ Average Likes: \_\_\_\_\_\_\_\_

Facebook \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Followers: \_\_\_\_\_\_\_\_\_\_\_\_ Average Likes: \_\_\_\_\_\_\_\_

Twitter @\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Followers: \_\_\_\_\_\_\_\_\_\_\_\_ Average Likes: \_\_\_\_\_\_\_\_

Website: www.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Open Date / Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

% Project Completion at time of Business First application deadline: \_\_\_\_\_\_\_\_\_\_

# SECTION 4: INNOVATION & GOALS – Short Answer Section

**Alignment with Goals**: Please provide a short paragraph on how your business aligns with the Business First Grant goals listed below.

* *Deepen the success of minority-owned business in OTR.*
* *Support business capital improvement within vacant areas of OTR.*
* *Attract businesses which will inspire originality and pride, hire locally, and invest in the Business First Grant mission.*
* *Provide an environment for individuals, entrepreneurs, investors and businesses to thrive.*
* *Attract local and regional tourism, while also complementing the local neighborhood and its residents.*
* *Provide an experience unique to Over-the-Rhine, and creating an atmosphere which encourages supporting local businesses.*
1. What makes your business innovative?
2. How will your business contribute to sustaining and retaining Over-the-Rhine’s business district?
3. Describe how your business will enhance the diversity and culture of OTR.
4. To date, how have you engaged with other local OTR businesses and the community? Please also describe in detail your efforts to hire OTR residents.
5. Are you the graduate of a local incubator? Yes / No

If yes, which local incubator did you graduate from? How did being a part of this organization contribute to the growth and success of your business?

1. As part of the Business First Grant award is to pair you with a liaison to provide support, please describe your ideal mentor, and what skillsets would help compliment your growth.

**SECTION 5: REFERENCES:** Please provide two professional references. Include name, relationship (*business mentor, colleague, etc*), company, title and contact information (*phone and email*).

# SECTION 6: ATTACHMENTS

**All of the following information must be included with this application in order to be reviewed.**

*Please check off material to indicate it is included in the packet.*

\_\_\_ I. **Business First** **Application and Table of Contents**

\_\_\_ II. **Business Plan,** including a clear explanation of the business, that includes:

 \_\_\_ a. **Short and Long Term Business Goals**

 \_\_\_ b. **Market Analysis**. Please provide:

 1) The demographics of your target market, and

 2) A detailed industry analysis, including analysis of competition (who are they, where they are located, service/pricing comparisons, etc.)

 \_\_\_ c. **Marketing Plan** (methods and frequency of marketing, sample materials and marketing

 budget)

 \_\_\_ d. **Roles of Team** (resume/qualifications of business owner, roles of employees)

 \_\_\_ e. **Hours of Operation** **and corresponding Staffing Schedule**

 \_\_\_ g. **Cash Flow Projections** for three years (startup costs, rent, utilities, salaries, insurance, etc.

 vs. sales projections.)

 \_\_\_ h. **Financial Statements** (current personal for *all* business partners; or business, if applicable)

 \_\_\_ i. **Formation documents** for Business entity (unless Sole Proprietor)

\_\_\_ III. **Financing Commitment Letters** (please do not include social security #s in your packet)

\_\_\_ IV. **Detailed Bids** and supporting documentation for *all* Tenant Improvements and FFE for the project

\_\_\_ V. **LOI signed by business and landlord** that indicates a minimum of three year lease or an executed three year lease.

# SECTION 7: CERTIFICATION: I certify that all information included in and attached as part of this application is complete and correct to the best of my knowledge. I understand the Over-the-Rhine Chamber of Commerce will rely on the accuracy of this information. I authorize the Chamber to make inquiries and verify with any applicable third party any and all financial and other information provided in connection with this application without any additional consent required.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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