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Flint Business Boot Camp & Pitch Fest

October 24 – 26, 2017

About the Boot Camp

* **What**: A three-day intensive training program providing selected, good food entrepreneurs the business skills and resources needed to grow.
* **Who:** Good food enterprises in Flint who are increasing
access to healthy food in the community.
* Learn: Business essentials from industry experts including customer
value proposition, financials, solving business challenges, telling your
story, fundraising, and more.
* Win: The Boot Camp culminates with a pitch competition for an award up
to $10,000 from the Michigan Good Food Fund.

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| **WHEN:** October 24 - 26, 2017 | **WHERE:** Flint Farmers’ Market  |

Eligibility

To be eligible to apply, enterprises must meet the following criteria:

* You have an established business located in Flint or are ready to launch.
* You’re a good food enterprise in grocery or food retail, a healthy food producer, a food processor/distributor, or similar.
* Your business is or has the potential to increase access to healthy food, offer quality jobs, demonstrate environmental stewardship, and use Michigan-grown products when possible.
* You and one colleague are able to commit to three full days to participate in the training and pitch fest on Oct 24-26. Training days start at 8:45am and end into the evenings with group dinners and working sessions. The pitch competition takes place on Oct. 26 at the end of the day.

Application Process & Deadline

Please answer each question below as specifically and succinctly as possible, and email your completed application to **info@migoodfoodfund.org** no later than **Monday, September 11 at 5:00pm EST**.
Accepted applicants will be notified by **September 29.** An orientation call will be scheduled with selected attendees in early October.

Application

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| **Contact Information** (Applicants must be owners or members of the leadership team) |
| **Business Name:** |  |
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| **Attendee #1 Name:** |  |
| **Position/Title:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
|  |  |
| **Attendee #2 Name:** |  |
| **Position/Title:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
|  |  |
| **Website Address:** |  |
| **Business Street Address:** |  |
| **City:** |  | **ZIP:** |  |
| **County:** |  |

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| **Business Information** |
| **Provide a brief description of your business and your vision for its future growth.** |
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| **Business Stage:** |  | Established / Second Stage |  | Start Up |
| **Number of Years in Business:** |  |
| **Number of Employees:** |  |
| **Is this business woman owned?** |  | Yes |  | No |
| **Is this business minority owned?** |  | Yes |  | No |
| **How would you classify your business?** |
|  | Grocery Store / Retail Business |
|  | Healthy Food Producer (i.e. Value Added Products, Food Service) |
|  | Processor |
|  | Distributor |
|  | Other (Specify):  |

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| **Market Demand** |
| **What trends lead you to believe this is a good business?** |
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| **What unmet customer needs does your business’ product/services address?** **Why do people use your product/service?** |
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| **Please describe your target customer.** |
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| **How large is the market for your products/services?** |
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| **Who are your closest competitors, and what makes your products / services different?** |
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| **Stage & Development of Venture** |
| **In what year was your business founded, and when did your business generate its first sale?** |
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| **What makes you or your team qualified and capable of making this business successful?** |
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| **How does your business earn revenue? How do you expect that to change in the long-term?** |
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| **Please fill in the following:** |
|  | **2014** | **2015** | **2016** | **2017 (projected)** |
| **Gross Sales** | $ | $ | $ | $ |
| **Total Expenses** | $ | $ | $ | $ |

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| **Mission Alignment** |
| **How does your product/service/store increase access to healthy food?** |
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| **In what ways do you make local, healthy foods affordable?**  |
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| **Do you or intend to create quality jobs at your business for your community?** |
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| **Do you practice environmental stewardship?** |
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| **Do you source/use Michigan grown products for your product/service?** |
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| **Business Boot Camp Goals** |
| **What is the primary challenge your business is currently facing?** |
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| **What would you expect to gain from participating in the Boot Camp that would help your business? Please be as specific as possible.** |
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| **What are three things you would like to focus on during the Boot Camp that would help enhance your capacity to operate your business successfully?** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **Please rate your level of competence with using spreadsheets, such as Microsoft Excel, and presentation software, such as Microsoft PowerPoint, by placing an “x” under the appropriate numbers below. Note, this will not impact your selection:** |
|  | **1****(Novice)** | **2** | **3** | **4** | **5(Expert)** |
| **Spreadsheets** |  |  |  |  |  |
| **Presentation Software** |  |  |  |  |  |

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| **Future Financing Needs** |
| **Please describe the expected short and long-term financing needs of your business.** |
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| **If you receive the award of up to $10,000, which can be used for additional business assistance and/or capital expenditures through the Fund, how would you plan to use it?** |
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