|  |  |
| --- | --- |
|  | Creative:Jobs_Active:Michigan_Good_Food:02_working:Collaterol:02_working:Header.png |

Grand Rapids Business Boot Camp &   
Pitch Competition

September 12 – 14, 2018

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 Grand Rapids 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.

|  |  |
| --- | --- |
| **WHEN:** September 12 – 14, 2018 | **WHERE:** Location in GR Coming Soon! |

Eligibility

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

* **You’re located in and serving Grand Rapids.**
* **Your business is up & running business.** We’re looking for enterprises that are ideally generating an expected annual revenue of $50K+ (we can be flexible).
* **You’re a good food business.** This could include a farmers’ market vendor, a grocery store/food retail, healthy food product maker, healthy food service business (fast casual, restaurant, mobile truck, etc.), food processor/distributor, or similar.
* **Your looking to do good while doing well.** We’re on the lookout for businesses working to. increase access to healthy food, offer quality jobs, demonstrate environmental stewardship, and use Michigan-grown products when possible.
* **You’re ready to commit.** You and one colleague are able to commit to the Boot Camp schedule – from a kick off dinner on September 11 to the culminating pitch fest on Sept. 14. Training days start at 8:45am and go into the evenings with group dinners and working sessions.

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 **Wednesday, August 1 at 5:00pm EST**.   
Accepted applicants will be notified by **August 10.** An orientation call will be scheduled with selected attendees the week of September 13th or 20th.

Application

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Information** (Applicants must be owners or members of the leadership team) | | | |
| **Business Name:** |  | | |
|  |  | | |
| **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:** |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Business Information** | | | | | | | |
| **Provide a brief description of your business and your vision for its future growth.** | | | | | | | |
|  | | | | | | | |
| **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. Specialty Food Products) | | | | | | |
|  | Grower (Farmers Market Vendor) / Processor / Distributor | | | | | | |
|  | Healthy Restaurant / Food Service | | | | | | |
|  | Other (Specify): | | | | | | |

|  |
| --- |
| **Market Demand** |
| **What trends lead you to believe this is a good business?** |
|  |
| **What unmet customer needs does your business’ product/services address?**  **Why do people use your product/service?** |
|  |
| **Please describe your target customer.** |
|  |
| **How large is the market for your products/services?** |
|  |
| **Who are your closest competitors, and what makes your products / services different?** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Stage & Development of Venture** | | | | |
| **In what year was your business founded, and when did your business generate its first sale?** | | | | |
|  | | | | |
| **What makes you or your team qualified and capable of making this business successful?** | | | | |
|  | | | | |
| **How does your business earn revenue? How do you expect that to change in the long-term?** | | | | |
|  | | | | |
| **Please fill in the following:** | | | | |
|  | **2015** | **2016** | **2017** | **2018 (projected)** |
| **Gross Sales** | $ | $ | $ | $ |
| **Total Expenses** | $ | $ | $ | $ |

|  |
| --- |
| **Mission Alignment** |
| **How does your product/service/store increase access to healthy food?** |
|  |
| **In what ways do you make local, healthy foods affordable?** |
|  |
| **Do you or intend to create quality jobs at your business for your community?** |
|  |
| **Do you practice environmental stewardship?** |
|  |
| **Do you source/use Michigan grown products for your product/service?** |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Business Boot Camp Goals** | | | | | | |
| **What is the primary challenge your business is currently facing?** | | | | | | |
|  | | | | | | |
| **What would you expect to gain from participating in the Boot Camp that would help your business? Please be as specific as possible.** | | | | | | |
|  | | | | | | |
| **What are three things you would like to focus on 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** | |  |  |  |  |  |

|  |
| --- |
| **Future Financing Needs** |
| **Please describe the expected short and long-term financing needs of your business.** |
|  |
| **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?** |
|  |