

Matching Fund Program



CLIENT APPLICATION



Referral Source:	
Date:	

Company / Organization:	
Address:	
City, State, Zip & County:	
Organization Structure:	

Principal(s) / Title:	
Business Phone/Mobile Phone	
Email:	

Primary Criteria Met: (Check all that apply)	<input type="checkbox"/> Located in Local Community <input type="checkbox"/> Enhances Economic Development <input type="checkbox"/> Clear Business Plan <input type="checkbox"/> Supported by Business Advocate <input type="checkbox"/> Technology Based Solution <input type="checkbox"/> Intellectual Property (IP) owned or licensed to company
Development Stage: (Imagining, Incubating, Demonstrating, Market Entry, Growth & Sustainability)	
Product/ Business Description: (Brief overview of company, problem and solution)	
Market Highlights: (Ind summary, market size etc.)	
Target Markets: (What is "addressable" market? What are geographic, demographic and psychographic segmentation considerations or niche the product is designed for?)	

Competition: (Direct & Indirect-alternatives)	
Advantages of the Product/Business: (Include details of IP – Is it “world class”, revolutionary, not easily duplicated or modified?)	
Go to Market Strategy: (Sales & distribution channels, strategic partnerships or licensing agreements.)	
Economics of the Business: (The basic economic, regulatory and financial factors that influence the success of a business)	
Management Team: (Include titles, roles and responsibilities. Brief narrative of their experience.)	
Sources & Uses of Funds: (How much is being requested NOW?)	
Progress to Date: (Describe what steps or processes the founders have started)	
Next Steps:	
Metrics/Goals: (What are the indicators of Success?)	
Recommender Support: (Brief statement describing why you feel this client qualifies for this funding. What will be your role in relationship? What value are you going to provide?)	

Observer Comments / Notes: