

# Accelerator Engagement Application

Information within this application is considered confidential and will not be shared outside of the Next Level Northwest Review Process.



Please fill in all appropriate shaded areas.

Name of Business:

Business Address:     
 (Number and Street) (City/Village) (Zip code)

|                                   |                          |                   |               |                          |                           |
|-----------------------------------|--------------------------|-------------------|---------------|--------------------------|---------------------------|
| Municipality:<br>(Check one only) | <input type="checkbox"/> | Elk Grove Village | Address Type: | <input type="checkbox"/> | Commercial/Business       |
|                                   | <input type="checkbox"/> | Hanover Park      |               | <input type="checkbox"/> | Joint Use (Bus/Residence) |
|                                   | <input type="checkbox"/> | Hoffman Estates   |               | <input type="checkbox"/> | Residential               |
|                                   | <input type="checkbox"/> | Rolling Meadows   |               | <input type="checkbox"/> | Other (Specify)           |
|                                   | <input type="checkbox"/> | Schaumburg        |               |                          |                           |

Contact Person:  Daytime Phone:   
 (Full legal name)

Email address:  Mobile Phone:

Is the business owner the same as the contact person? Yes  No

If "No," please give the position/title of contact AND

Give the owner's name and mobile phone contact #  Mobile Phone:

Please describe your business in 100-150 words.

|   |                          |                  |                          |                  |                          |
|---|--------------------------|------------------|--------------------------|------------------|--------------------------|
| Number of Employees in Full-time Equivalents: |                          | <i>Full-time</i> |                          | <i>Part-time</i> |                          |
| Type of Business:                             | <input type="checkbox"/> | <10              | <input type="checkbox"/> | <10              | <input type="checkbox"/> |
|   | <input type="checkbox"/> | 11-19            | <input type="checkbox"/> | 11-19            | <input type="checkbox"/> |
|   | <input type="checkbox"/> | 20-29            | <input type="checkbox"/> | 20-29            | <input type="checkbox"/> |
|   | <input type="checkbox"/> | 30-49            | <input type="checkbox"/> | 30-49            | <input type="checkbox"/> |
|   | <input type="checkbox"/> | 50+              | <input type="checkbox"/> | 50+              | <input type="checkbox"/> |

Year in which the company was founded/incorporated?  Number of full operating years at time of application

Do you have financial data for the past three fiscal years? (P&L, Balance Sheet, Cash flow reports) Yes  No

Is your company generating revenue? Yes  No

If "yes" to the above, what is your current year's projection in US dollars?

Did your company show a net profit last year? Yes  No

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Company Name \_\_\_\_\_

Do you believe your company is profitable? Yes  No

From your view, which of the following functions affect your profitability? Please Check all that apply.

| Function                                 | Examples of existing issues  | Please identify your top 3 priorities |
|--|--|---------------------------------------|
| <input type="checkbox"/> Human Resources | High turnover; Finding and recruiting the right talent; Retention of our best talent   | <input type="checkbox"/>              |
| <input type="checkbox"/> Operations      | Excess inventory; inefficiencies in processes; quality issues requiring more direct management oversight                       | <input type="checkbox"/>              |
| <input type="checkbox"/> Productivity    | Not having enough of the right people on board; performance issues with some staff   | <input type="checkbox"/>              |
| <input type="checkbox"/> Sales           | Not meeting monthly, quarterly, or annual goals; Not reaching critical decision-makers in potential client companies           | <input type="checkbox"/>              |
| <input type="checkbox"/> Marketing       | Marketing plan not linked to strategies; hitting target markets less than desired  | <input type="checkbox"/>              |
| <input type="checkbox"/> Infrastructure  | High up-front investment; unplanned IT and other equipment upgrades that demand capital investment                             | <input type="checkbox"/>              |
| <input type="checkbox"/> Financial       | Details missing or incomplete for P&L, Balance sheet; Everyone in the company is not attuned to how the company uses resources | <input type="checkbox"/>              |
| <input type="checkbox"/> Planning        | Lack strategic or current business plans; Appropriate metrics not defined or tracked routinely                                 | <input type="checkbox"/>              |
| <input type="checkbox"/> Other 1:        | Specify:   | <input type="checkbox"/>              |
| <input type="checkbox"/> Other 2:        | Specify:   | <input type="checkbox"/>              |
| <input type="checkbox"/> Uncertain       | What are your concerns?  | <input type="checkbox"/>              |

What do you expect to gain from this engagement? You may give up to four (4) goals or objectives

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I attest the information included within this application is accurate. I understand:

- a. This submission does not guarantee selection for the Accelerator Engagement;
- b. A competitive process for selection exists;
- c. I must prepare and present a “pitch” but giving the presentation does not guarantee selection;
- d. I have no financial obligation up front but am expected to contribute an amount equal to the grant received over a period of three years after graduating from the accelerator engagement, and
- e. I may withdraw at any time without penalty or prejudice prior to presenting my “pitch.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_