



ECONOMIC DEVELOPMENT  
FOR WESTERN NEBRASKA

**Please provide enough detail for a serious review. Please attach a business plan and resume if you have them. Your application will be judged on the following criteria:**

1. Company growth potential, jobs creation, and economic impact
2. Need for support services by the Twin Cities Development eCenter
3. Market potential
4. Integrity, background, and expertise of owner

**Application Information: Use Separate Sheets As Necessary**

Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. What is your business structure?

Sole proprietorship

Incorporated

Partnership

LLC

Nonprofit

Not sure

2. What is your current number of FT/PT employees?

3. How many employees do you project to have at the end of first calendar year?

4. How many employees do you project to have at the end of second calendar year?

5. How many employees do you project to have at the end of third calendar year?

6. What type of space are you seeking? (check all that apply)

Office(s)

Cubical(s)

Conference Room

I am not seeking space in the incubator. I am seeking resources for a business that already has a location.

7. Please provide a brief history of your business.

8. Please describe your product/business and what makes it unique.

9. Do you have a written business plan?

Yes

No - If not, what is your expected date of completion?

10. What type of facility services will you utilize?

Phone

Fax

Computer

Copy machine

Conference rooms

Other – If other, please specify:

11. What type of business management assistance would be helpful to you? (check all that apply)

Business plan writing

Business plan reviewing  
Accounting expertise  
Legal expertise  
Mentoring  
Coaching  
Networking  
Human resources expertise  
Marketing expertise  
Information Technology  
Other – If other, please specify:

12. Describe your target market.

13. Describe your competitive advantage.

14. Describe the background and experience of key personnel.

15. What is your greatest strength as an entrepreneur?

16. What will be your biggest challenge as an entrepreneur?

17. What other locations have you researched, and what was the outcome of that research?

18. What are you passionate about and how does your business fulfill that need?

19. Why do you hope to locate your business in the TCD eCenter?

20. What are the benefits of your business to the community?

21. Please provide two professional references.

Name	Name
Phone	Phone
Email	Email
Relationship	Relationship

22. How did you hear about the TCD eCenter?

**Signature confirms that you ensure that:**

1. Your information is accurate
2. You agree to monitoring and quarterly reporting
3. You agree to accept and act upon advice from Advising Panel/Advising Resources

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

**OFFICE USE ONLY**

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Reason For Denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF TCD eCENTER AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE