

# FAST FORWARD

A partnership between City of Austin & The University of Texas at Austin's IC<sup>2</sup> Institute

## Program Application

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Website: \_\_\_\_\_ Startup Date: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Business Structure: Sole Proprietor  Partnership  LLC  Corporation

In what industry does your business operate? \_\_\_\_\_

How many employees (including yourself) does your business have? Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Contractors: \_\_\_\_\_ What is your typical employee's hourly wage? \_\_\_\_\_

Applicant (owner) Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Gender: Male  Female  Are you a veteran? Yes  No  What % of time do you work in the business? \_\_\_\_\_

Ethnicity: Black/African-American  Asian  White  Latino/Hispanic  Native-American  Other

Highest education attained: High School or GED  Technical or Professional Certification  Associates Degree  Undergraduate Degree  Graduate or Post-Graduate Degree

Describe the primary applicant's day-to-day role(s) in operating the business.

Please describe the business, product/service, including something novel or unique about it:

How does the business reach its customers, i.e. how are products/services distributed or sold to your customers? (examples: direct sales, distributors, B2B, B2C, e-commerce, etc.)

Empty text box for customer reach information.

Please describe the business's main competitors:

Empty text box for main competitors.

What are the 3 main problems, challenges or issues that stand in the way of growing, expanding or sustaining your business, including implementing the creative or innovative ideas you have in mind for the business to succeed:

Empty text box for business challenges.

Explain the role innovation will or might play in your business and include up to 3 clear examples of creative or innovative ideas, strategies or programs that you think could positively impact your business and why.

Empty text box for innovation role.

What primary goals do you hope to achieve by participating in the Austin FASTFORWARD program?

Empty text box for primary goals.

By signing below, I hereby certify that the information provided above is true and accurate. I also certify that I understand that to fully benefit from Austin Fast Forward I must attend and fully participate in all classes and assignments, and that I will fully participate in periodic post-graduation surveys conducted by the Small Business Program. I also understand that the registration fee is non-refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_