



Enterprise Center at Salem State University
121 Loring Ave, Salem, Ma 01970
2011 Rapid Growth Project Application Packet

RAPID GROWTH PROJECT APPLICATION

(Information submitted will be held in confidence and used for purposes of evaluation for admittance to the Enterprise Center)

BUSINESS
NAME _____

PRINCIPAL OFFICER AND
TITLE _____

PHONE NUMBER _____ FAX NUMBER _____

E MAIL
ADDRESS _____

WEB
ADDRESS _____

BUSINESS
ADDRESS _____

COMPANY FORM _____
(C Corp, S Corp, LLC, Proprietorship, Etc.)

NATURE OF BUSINESS
(Give a brief description of product/service and name of market)

BRIEF BACKGROUND OF PRINCIPAL
OFFICERS _____

DATE BUSINESS WAS
ESTABLISHED _____



CRITERIA:

- Your company has grown 20 percent year over year or is rebounding rapidly from the recession and seeing strong future expansion
- Current revenue is from \$1 million to \$25 million-plus.

If your company does not meet the above criteria, please explain why your company would be a good addition to this program.

CURRENT REVENUE PER YEAR

\$1 Million to \$3 Million _____

\$4 Million to \$6 Million _____

\$7 Million to \$10 Million _____

\$10 Million to \$25 Million _____

Over \$25 Million _____

CURRENT NUMBER OF EMPLOYEES:

Full Time: _____

Part Time: _____

Contract Workers: _____

Number of permanent full time jobs to be created within the next 24 months: _____

Number of permanent part time jobs to be created within the next 24 months: _____

Number of contract worker jobs to be added within the next 24 months: _____

TYPE OF FINANCING TO DATE:

Bank _____

Personal Resources _____

Private Investors _____

Venture Capital _____



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Other: Please indicate nature _____

PLANS FOR FUTURE ROUNDS OF FINANCING

STATUS OF BUSINESS PLAN

_____ Not Started

_____ In preparation: Expected completion date _____

_____ Completed and available for review

GROWTH PLAN: WHAT ARE THE AREAS IN YOUR COMPANY THAT YOU PLAN TO GROW? HAVE YOU DEVELOPED THESE STRATEGIES?

AS A LEADER WHAT ARE YOUR MAJOR CHALLENGES THAT YOU NEED TO ADDRESS?

WHAT ARE THE KEY AREAS YOU WOULD LIKE HELP WITH IN SEMINARS AND MENTORING?



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PLEASE STATE YOUR OBJECTIVES AND DESIRED OUTCOME IN ATTENDING THIS PROGRAM (50 words or less).

NAME _____

COMPANY _____

TITLE _____ DATE _____