



Feeding Innovation Application

YOUR INFORMATION:

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

Is more than one person working on your business? If so, please list other group members.

Are you able to devote ten or more hours a week to this program? Yes No

PROJECT INFORMATION:

Please note, this information will be kept confidential.

What stage of business is your project currently in? Circle one.

Idea Start Up Established Expansion

Name of Your Company: _____

Company Website: _____

If your business is currently open, how long have you been operating? _____

Is this business currently your primary source of income?

Yes No

How hours per week do you currently spend working on this business? _____

Have you ever applied for a commercial loan (for this business or others)? Yes No

Please provide a brief description of your business: What type of business are you proposing? How does it increase access to healthy foods? Where will it be located? Make sure to describe how it will serve low to moderate income communities.

Have you already prepared a business plan or any part of a business plan for this business?

I understand that if I am selected for participation in Feeding Innovation, I am committing to:

- Attending and actively participating in 8-10 weekly NxLevel Courses. These are evening courses and will be held in Greenville.
- Meeting all submission deadlines.
- Participating fully in the program outside of class time, including writing a full business plan.
- Engaging my mentor (to be assigned at a later date) on at least a monthly basis, to review my business plan.
- Responding to all email and phone communication from South Carolina Community Loan Fund (CLF) and other partners in a timely manner.

I also understand that if I am awarded the seed capital, it will be disbursed based on agreed upon benchmarks set with CLF staff. Further, I understand that in order to receive a loan from CLF for this project, I must go through the standard application and underwriting process.

Participant Signature: _____

Date: _____

Return Completed Application To:

Anna Hamilton, Strategic Initiatives Director
South Carolina Community Loan Fund
anna@sccommunityloanfund.org
(843)973-7285

DeAndra Reasonover-Winjobi MPH
OST Specialist
LiveWell Greenville
P: 419-297-2279
deandra@livewellgreenville.org