## APPLICATION FOR ECONOMIC GARDENING PROGRAM

Date of Application:	
COMPANY INFORMATION	
Company Name:	
Physical Address (street, city, state, zip code):	
Company Phone Number:	
Founded:	
Private or Public:	
Website:	
Social Media:	
Recent News Story Links:	
Company Officers:	
Name and Title:	
Email:	
Phone Number:	
Length of Time with Company:	
Name and Title:	
Email:	
Phone Number:	
Length of Time with Company:	
Name and Title:	
Email:	
Phone Number:	
Length of Time with Company:	
Primary business and NAICS Code (if known):	
Primary industry served:	

## **QUALIFICATIONS FOR PROGRAM** 10-100 employees? \$1-50 million in sales? Yes No Yes No FTE\* employees **Annual Gross Revenues** Year 2018 2019 2020 2021 2022 \*FTE = Full Time Equivalent (40 hours a week / full time + part time) Sales primarily to external markets (outside region)? Yes No Is company 51% owned by a: Yes No Yes No Yes No Yes No woman , minority or disabled person , veteran Percent of employees located in Buffalo Niagara region: \*\*Please feel free to include additional Word documents if additional space is needed\*\* How has your business been affected by the pandemic? What keeps you up at night? (In other words, what bothers you most often, gives you the most stress about your business?) If you could change one thing at your business, what would that be? What are your company's strengths? What is the next big initiative for your organization?

What is the most significant risk or threat to your business?

If you had to identify three potential areas of growth for your organization, what would they be?
1.
2.
3.

## For internal use only:

Sponsoring Economic Development Organization: Referred to Program by:

Date of Acceptance:

Completed applications and any questions regarding the program should be emailed to Mirka Arevalo, Business Development Associate, Invest Buffalo Niagara at marevalo@buffaloniagara.org
Subject Line Economic Gardening Application.

