

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? Yes No \$1-50 million in sales? Yes No

Year	FTE* employees	Annual Gross Revenues
2019		
2020		
2021		
2022		
2023		

**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 , veteran or disabled person ?

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 Olivia Hill, Business Development Manager, Invest Buffalo Niagara at ohill@buffaloniagara.org Subject Line Economic Gardening Application.

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