



Dear Participant,

Welcome to the **LaunchU** program! The Ozarks Small Business Incubator will be offering the next *LaunchU* class **starting on February 4, 2017 and ending on March 30, 2017**. **The first class will be held on Saturday from 9am to 4pm and then continue on Thursday nights from 6pm to 9pm.**

The program is designed to help you complete a business plan for your venture. In other words, you will test the feasibility of your business idea before you invest too much time or money in your idea and you will know whether it is a sound business to pursue. By attending LaunchU, you also will have the option to pitch your plan at our small business week event, EPIC 17, in May for a chance to win cash and prizes.

To register for LaunchU we will need to receive payment of \$175. Twenty-five dollars will be reimbursed to you for perfect attendance. You should find enclosed in this packet or email the following materials:

- 1) Welcome Letter
- 2) The participant application
- 3) The participant agreement
- 4) Notice of confidentiality
- 5) Photography and video consent

Please return the completed application and the agreement no later than January 27th, 2017. Seating is limited, so please return your application quickly. All training materials will be provided as well as use of laptops for online access to LivePlan. Please bring pen and paper to take notes.

Best of luck with your business development!

Sincerely,

Heather W. Fisher
Executive Director

Ozarks Small Business Incubator
www.ozsbi.com
417-256-9724



Application Form

Participant Name	<hr/>		
Business Name/Idea	<hr/>		
Address	<hr/>		
City, State, Zip	<hr/>		
Phone	<hr/>	Mobile	<hr/>
Email	<hr/>	Website	<hr/>

Present employment status? (Dislocated workers check the last box and give company information.)

- | | |
|--|--|
| <input type="checkbox"/> Full Time (more than 35 hrs/week) | <input type="checkbox"/> Seasonal Employment |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Unemployed less than 6 months |
| <input type="checkbox"/> Full Time Self Employed | <input type="checkbox"/> Unemployed more than 6 months |
| <input type="checkbox"/> Part Time Self Employed | <input type="checkbox"/> Unemployed more than 2 years |
| <input type="checkbox"/> Dislocated worker | |

Have you ever operated a business? ☐ Yes ☐ No

Do you currently operate a business? ☐ Yes ☐ No

Which of the following apply to you? (Choose as many as you like)

- ☐ Trying to decide if business ownership is right for me, or if my business idea is viable
- ☐ Need assistance and/or capital to *stabilize* my existing business.
- ☐ Need assistance and/or capital to *expand* my existing business.
- ☐ Other(specify) _____

FOR ALL APPLICANTS TO COMPLETE FOLLOW UP SURVEYS AND RELEASE OF INFORMATION

I agree that all the information in this application is true to the best of my knowledge. If selected to participate in the Operation JumpStart: First Step program, I authorize the ongoing sharing of information with Operation JumpStart, including this report and any future progress, attendance, and/or termination. I understand all information will be kept confidential and only used in a collective form. I agree, as an active client, to provide any requested information to Operation JumpStart on a timely basis when asked.

Signature _____ **Date** _____

PARTICIPANT AGREEMENT (YOUR COPY TO KEEP)

I agree and understand that the following guidelines are a condition of enrollment in the LaunchU program:

- I will complete all written assignments and read all chapters assigned.
- I will participate fully in all modules, including discussions and networking.
- I will strive to maintain perfect attendance. If I miss a session, I will notify the Program Coordinator in advance and make up all of the work.
- I will be punctual.
- I will complete the sections of my Feasibility Plan at the required times.
- I will complete and return any graduate surveys that I receive. My name will be kept confidential.
- I warrant that my Feasibility Plan will be an original work that has not been previously created and that the work will be free of any unauthorized extractions from other sources.
- I will share with the other LaunchU participants my opinions, knowledge and expertise so we may all learn from each other.
- In exchange, the facilitation team will provide ongoing support and encouragement, much praise.

TERMS & CONDITIONS

The Applicant:

- Certifies that to the best of his/her knowledge and belief, the information being submitted on this LaunchU application is true and correct.
- Understands that admission to LaunchU is a competitive process and that not all applications are funded.
- Understands and agrees to [ATTENDANCE POLICY].
- Agrees to complete and submit evaluation surveys at the end of each class, at the end of the course, and [XX] months after the course.
- Agrees to release a copy of the Feasibility Plan to be funded by this application to [ORGANIZATION].

I certify by my signature that I agree and have read and understand completely the information provided in this agreement.

PARTICIPANT AGREEMENT

Name: _____ Phone: _____

Email: _____

I, _____, agree and understand that the following guidelines are a condition of enrollment in the LaunchU program:

- I will complete all written assignments and read all chapters assigned.
- I will participate fully in all modules, including discussions and networking.
- I will strive to maintain perfect attendance. If I miss a session, I will notify the Program Administrator in advance and make up all of the work.
- I will be punctual.
- I will complete the sections of my Feasibility Plan at the required times.
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I certify by my signature that I agree and have read and understand completely the information provided in this agreement.

Signature of Participant

Date

NOTICE OF CONFIDENTIALITY

Participant Business Information

LaunchU is an InnovateU course that involves several educational modules during which the participants in the program will discuss their individual feasibility studies or business plans, including confidential information, if the participant desires to reveal such information.

“Confidential information” means any and all strategic, financial and other information, which in any way relates to the business, including prospective business, operations, decision-making process or specific investment decisions.

Each participant desires to participate and to allow the other participants to participate fully in such educational modules.

You must keep confidential:

- Any confidential information obtained during participation in LaunchU.
- The identity of any other participant in LaunchU, unless that person has given permission to do otherwise.

Therefore, all participants agree not to directly or indirectly communicate, disclose or disseminate the confidential information of the other participants.

Please check the following:

- ☐ I have read the above Notice of Confidentiality
- ☐ I agree and accept

Signature of Participant

Date

Printed Name

PHOTOGRAPHY & VIDEO CONSENT

I, _____ consent to be photographed and or videoed for use in LaunchU marketing and communications materials, produced by or at the direction of [ORGANIZATION] or with their partners in collaborative efforts.

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or videotape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Signature of Participant

Date

Printed Name