REACHING INFINITY FOUNDATION

Community Partnership & Collaborative Network
Community Economic Development (CED) Initiative

PARTNER RECRUITMENT & RESPONSE PACKET

Working Together to Expand Businesses,
Create Quality Jobs, and Strengthen Communities

For:
• Community Partners
• Existing Businesses Seeking Expansion
• Entrepreneurs Seeking Startup Assistance

Version 1.0
July 2026

01 – Welcome Letter

Reaching Infinity Foundation

Community Partnership & Collaborative Network

Dear Community Leader,

Thank you for your interest in the Reaching Infinity Foundation Community Partnership & Collaborative Network.

You have been invited because we believe your organization, business, or entrepreneurial vision has the potential to strengthen our communities through collaboration, innovation, business development, and job creation.

Our Community Economic Development (CED) Initiative is designed to build a regional network of community partners, existing businesses, and aspiring entrepreneurs who are committed to expanding economic opportunity and creating sustainable employment opportunities.

This packet will help us learn more about you, your organization or business, and how you may participate in this initiative. Submission of this packet does not guarantee selection or funding. Rather, it begins a collaborative review process that will help identify opportunities for partnership, technical assistance, business expansion, entrepreneurship, and future collaboration.

We appreciate the time you invest in completing these materials. Your participation helps us build stronger businesses, stronger partnerships, and stronger communities.

Thank you for considering this opportunity to work alongside Reaching Infinity Foundation. We look forward to reviewing your submission.

With appreciation,

Dr. Sophronia Stidwell
President & CEO
Reaching Infinity Foundation

Important Instructions Before You Begin

All applicants should complete the common forms included in this packet. After completing Document 03 (Community Partnership Classification Form), complete ONLY the documents

that correspond to your applicant type:

• Community Partners: Complete Guidance Document 05A.
• Existing Businesses Seeking Expansion Assistance: Complete Guidance Document 05B and Document 12.
• Entrepreneurs Seeking Startup Assistance: Complete Guidance Document 05C and Document 13.

Please use the Applicant Submission Checklist (Document 08) to ensure your packet is complete before submission.

Reaching Infinity Foundation

Community Partnership & Collaborative Network

02 – Partner Organizational Profile & Community Resource Assessment

PART I – Organization Information

Legal Organization Name _____

DBA (If Applicable) _____

Organization Type (check all that apply):

- ☐ Nonprofit (501(c)(3))
- ☐ For-Profit Business
- ☐ Government Agency
- ☐ Educational Institution
- ☐ Faith-Based Organization
- ☐ Healthcare Organization
- ☐ Financial Institution
- ☐ Community Organization
- ☐ Economic Development Organization
- ☐ Chamber of Commerce
- ☐ Other: _____

Federal EIN _____

Year Established _____

Website _____

PART II – Primary Contact

Primary Contact _____

Title _____

Phone _____

Email _____

Secondary Contact _____

Title _____

Phone _____

Email _____

Authorized Representative _____

Title _____

PART III – Organization Overview

Mission Statement:

_____

_____

Brief Description of Organization:

_____

_____

PART IV – Communities Served

Counties Served (check all that apply):

- ☐ Adams
- ☐ Claiborne
- ☐ Copiah
- ☐ Hinds
- ☐ Jefferson
- ☐ Lawrence
- ☐ Lincoln
- ☐ Pike
- ☐ Rankin
- ☐ Simpson
- ☐ Warren
- ☐ Other: _____

Primary Service Area _____

PART V – Services Provided

Workforce Development

- ☐ Career Coaching
- ☐ Resume Assistance
- ☐ Interview Preparation

- ☐ Job Placement
- ☐ Workforce Training
- ☐ Occupational Certifications

Business Development

- ☐ Business Coaching
- ☐ Entrepreneurship
- ☐ Business Expansion
- ☐ Marketing
- ☐ Strategic Planning
- ☐ Access to Capital

Financial Capability

- ☐ Financial Literacy
- ☐ Budgeting
- ☐ Credit Counseling
- ☐ Banking Services
- ☐ Homeownership Education

Healthcare

- ☐ Primary Care
- ☐ Mental Health
- ☐ Behavioral Health
- ☐ Nutrition
- ☐ Preventive Care

Family Support

- ☐ Childcare
- ☐ Transportation
- ☐ Housing Assistance
- ☐ Case Management
- ☐ Food Assistance

Youth Development

- ☐ Mentoring
- ☐ Leadership Development
- ☐ Career Readiness
- ☐ Youth Employment

- ☐ College Readiness

Other Services: _____

PART VI – Target Populations Served

- ☐ Low-Income Individuals
- ☐ Unemployed Adults
- ☐ Veterans
- ☐ Returning Citizens
- ☐ Individuals with Disabilities
- ☐ Foster Youth
- ☐ Youth Transitioning from Foster Care
- ☐ Families
- ☐ Entrepreneurs
- ☐ Small Businesses
- ☐ Rural Communities
- ☐ Other: _____

PART VII – Organizational Capacity

Individuals Served Annually _____

Businesses Served Annually _____

Full-Time Employees _____

Part-Time Employees _____

Volunteers _____

PART VIII – Community Resources Available

- ☐ Meeting Space
- ☐ Training Space
- ☐ Computers
- ☐ Internet Access
- ☐ Staff Expertise
- ☐ Volunteers
- ☐ Marketing
- ☐ Professional Services
- ☐ Business Mentors
- ☐ Financial Coaches
- ☐ Community Outreach
- ☐ Other: _____

PART IX – Referral Capacity

- ☐ Willing to Receive Referrals
- ☐ Willing to Refer Participants to Collaborative Partners

Estimated Referrals Accepted Annually _____

PART X – Prior Grant Experience

- ☐ Federal Grants
- ☐ State Grants
- ☐ Foundation Grants
- ☐ Local Government Grants
- ☐ Private Funding

Describe Experience:

_____

PART XI – Interest in Collaboration

- ☐ Workforce Development
- ☐ Employment
- ☐ Entrepreneurship
- ☐ Business Expansion
- ☐ Financial Literacy
- ☐ Healthcare
- ☐ Education
- ☐ Youth Development
- ☐ Foster Care
- ☐ Transportation
- ☐ Childcare
- ☐ Housing
- ☐ Professional Services
- ☐ Advisory Council
- ☐ Community Outreach
- ☐ Grant Collaboration
- ☐ Other: _____

PART XII – Certification

Name _____

Title _____

Organization _____

Signature _____

Date _____

Foundation Use Only

Date Received _____

Reviewed By _____

Recommended Partner Category _____

Notes _____

Reaching Infinity Foundation

Community Partnership & Collaborative Network

03 – Community Partnership Classification Form

Purpose

This form helps Reaching Infinity Foundation identify your organization's primary role within the Community Partnership & Collaborative Network and route you to the appropriate application pathway.

Section 1 – Applicant Information

Organization / Business Name	
Primary Contact	
Title	
Phone	
Email	
Website (if applicable)	

Section 2 – Select Your Primary Classification (Choose ONE)

☐ Community Partner (Provides services, expertise, referrals, or resources)

☐ Existing Business Seeking Business Expansion Assistance

☐ Entrepreneur Seeking Startup Assistance

Section 3 – Identify Your Role (Check all that apply)

☐ Employer / Job Creation Partner

☐ Technical Assistance Provider

☐ Professional Services (CPA, Attorney, HR, Insurance, etc.)

☐ Financial Institution / Lender

☐ Business Development Organization

☐ Marketing / Website / Technology Provider

☐ Workforce Development / Training Provider

☐ Educational Institution

☐ Healthcare / Wellness Provider

☐ Mental & Behavioral Health Provider

☐ Transportation Provider

☐ Childcare Provider

☐ Housing / Community Development

☐ Faith-Based Organization

☐ Nonprofit Organization

☐ Government Agency

☐ Chamber / Economic Development Organization

☐ Other: _____

Section 4 – Areas of Interest

☐ Workforce Development

☐ Entrepreneurship

☐ Small Business Expansion

☐ Job Creation

☐ Financial Literacy

☐ Mentoring / Coaching

☐ Community Outreach

☐ Foster Care & Transition-Age Youth

☐ Veterans

☐ Returning Citizens

☐ Other: _____

Certification

Authorized Representative	
Title	
Signature	
Date	
Foundation Use Only	

Reaching Infinity Foundation

Community Partnership & Collaborative Network

04 – Priority Population & Foster Care Partnership Questionnaire

Purpose

This questionnaire helps Reaching Infinity Foundation understand your organization's capacity to serve priority populations and develop coordinated partnerships for the Community Economic Development Initiative.

Organization Information

Organization Name _____

Primary Contact _____

Title _____

Phone _____

Email _____

Priority Populations Currently Served

- ☐ Individuals with Low Incomes
- ☐ Unemployed Adults
- ☐ Underemployed Adults
- ☐ Veterans
- ☐ Returning Citizens
- ☐ Individuals with Disabilities
- ☐ Foster Youth
- ☐ Youth Transitioning from Foster Care
- ☐ Families with Children
- ☐ Rural Communities
- ☐ Entrepreneurs
- ☐ Small Businesses
- ☐ Other: _____

Services Available for Priority Populations

- ☐ Case Management
- ☐ Workforce Training
- ☐ Employment Placement

- ☐ Career Coaching
- ☐ Transportation Assistance
- ☐ Childcare Assistance
- ☐ Housing Assistance
- ☐ Mental Health Services
- ☐ Healthcare
- ☐ Financial Literacy
- ☐ Mentoring
- ☐ Business Coaching
- ☐ Legal Assistance
- ☐ Emergency Assistance
- ☐ Other: _____

Foster Care Partnership

- ☐ Currently serve foster youth
- ☐ Can accept referrals of foster youth
- ☐ Can provide internships
- ☐ Can provide employment opportunities
- ☐ Can provide mentoring
- ☐ Can provide life-skills training
- ☐ Can provide trauma-informed services
- ☐ Interested in developing new foster care services

Please describe your organization's experience serving foster youth or other priority populations:

_____

_____

Estimated Annual Capacity

Individuals You Could Serve Annually _____

Foster Youth You Could Serve Annually (estimate) _____

Participants You Could Refer Annually _____

Referral Process

- ☐ Willing to receive referrals from Reaching Infinity Foundation
- ☐ Willing to refer participants to collaborative partners

Describe any eligibility requirements or referral procedures:

_____

Certification

I certify that the information provided is accurate and may be used for partnership planning and grant development.

Authorized Representative _____

Title _____

Signature _____

Date _____

Foundation Use Only

Date Received _____

Reviewed By _____

Recommended Follow-Up _____

Notes _____

Reaching Infinity Foundation

Community Partnership & Collaborative Network

5A – Guidance for Preparing a Community Partner Statement of Partnership Interest & Commitment

Purpose

Prepare your own signed statement on letterhead using your own words.

Who Should Use This Guidance?

Organizations providing services or resources.

Preparing a Strong Statement of Interest & Commitment

✓ Written in your own words

✓ Honest and authentic

✓ Specific rather than general

✓ Focused on future impact

✓ Professional and concise

✓ Signed by the appropriate individual

Suggested Topics to Address

1. Introduce your organization and mission.
2. Describe who you serve.
3. Explain why you want to partner.
4. Describe resources/services you will contribute.
5. Explain community impact.
6. Confirm willingness to execute an MOU if selected.

Helpful Tips

• Keep it to 1–2 pages.

• Use letterhead when possible.

• Use examples.

• Avoid repeating the application.

• Sign before submitting.

Closing Guidance

Your statement is more than a letter of support or interest—it is your opportunity to share your vision, demonstrate your commitment, and describe the impact you hope to make through this collaborative.

Reaching Infinity Foundation

Community Partnership & Collaborative Network

5B – Guidance for Preparing a Business Expansion Statement of Interest & Growth Commitment

Purpose

Prepare your own signed statement on letterhead using your own words.

Who Should Use This Guidance?

Existing businesses seeking expansion assistance.

Preparing a Strong Statement of Interest & Commitment

✓ Written in your own words

✓ Honest and authentic

✓ Specific rather than general

✓ Focused on future impact

✓ Professional and concise

✓ Signed by the appropriate individual

Suggested Topics to Address

1. Introduce your business.
2. Describe your growth vision.
3. Explain barriers.
4. Describe how assistance will help expand.
5. Explain how support will create jobs.
6. Describe community impact.
7. Explain sustaining jobs after the grant.
8. Confirm commitment if selected.

Helpful Tips

• Keep it to 1–2 pages.

• Use letterhead when possible.

• Use examples.

• Avoid repeating the application.

• Sign before submitting.

Closing Guidance

Your statement is more than a letter of support or interest—it is your opportunity to share your vision, demonstrate your commitment, and describe the impact you hope to make through this collaborative.

Reaching Infinity Foundation

Community Partnership & Collaborative Network

10 – Data Collection & Confidentiality

Purpose

This document establishes the expectations for collecting, using, protecting, sharing, and retaining information exchanged through the Community Partnership & Collaborative Network.

Confidential Information

Partners agree to protect confidential, proprietary, and personally identifiable information obtained through collaborative activities.

Privacy & Legal Compliance

Partners will comply with all applicable federal, state, and local privacy requirements and their own organizational policies. Where applicable, information sharing will follow HIPAA, FERPA, or other governing laws.

Data Collection

Only information necessary to provide services, evaluate outcomes, or satisfy grant reporting requirements should be collected.

Information Sharing

Participant information should only be shared with appropriate authorization or as otherwise permitted by law and executed agreements.

Data Security

Partners should use reasonable administrative, physical, and technical safeguards to protect information from unauthorized access, disclosure, or loss.

Record Retention

Organizations remain responsible for maintaining records according to their own retention policies and applicable grant requirements.

Reporting

Partners may be asked to provide aggregate, non-confidential data for evaluation and reporting purposes.

Partner Acknowledgment

- ☐ Maintain confidentiality of participant information

- ☐ Use information only for authorized purposes
- ☐ Limit access to authorized personnel
- ☐ Promptly report suspected data breaches when appropriate
- ☐ Comply with applicable privacy laws and organizational policies

Organization	
Authorized Representative	
Title	
Signature	
Date	

Foundation Use Only

Date Received	
Reviewed By	
Comments	

Reaching Infinity Foundation

Community Partnership & Collaborative Network

07 – Partnership Development Timeline

Purpose

This timeline outlines the standard partnership development process for organizations participating in the Reaching Infinity Foundation Community Partnership & Collaborative Network.

Phase 1 – Invitation

Receive Partner Recruitment & Response Packet and review partnership opportunity.

Target Completion Date	_____
Responsible Contact	_____
Status	☐ Not Started ☐ In Progress ☐ Complete
Notes	

Phase 2 – Partner Response

Complete and return all requested forms and supporting documentation.

Target Completion Date	_____
Responsible Contact	_____
Status	☐ Not Started ☐ In Progress ☐ Complete
Notes	

Phase 3 – Discovery Meeting

Meet with Foundation leadership to discuss organizational strengths, services, and potential role.

Target Completion Date	_____
Responsible Contact	_____
Status	☐ Not Started ☐ In Progress ☐ Complete
Notes	

Phase 4 – Partnership Planning

Identify collaborative activities, referrals, employment opportunities, and resource commitments.

Target Completion Date	_____
Responsible Contact	_____
Status	☐ Not Started ☐ In Progress ☐ Complete
Notes	

Phase 5 – MOU Development

Review and finalize a Memorandum of Understanding if both parties elect to move forward.

Target Completion Date	_____
Responsible Contact	_____
Status	☐ Not Started ☐ In Progress ☐ Complete
Notes	

Phase 6 – Grant Submission

Include partnership documentation within applicable grant applications.

Target Completion Date	_____
Responsible Contact	_____
Status	☐ Not Started ☐ In Progress ☐ Complete
Notes	

Phase 7 – Project Implementation

Participate in coordinated meetings, referrals, and project activities after award.

Target Completion Date	_____
Responsible Contact	_____
Status	☐ Not Started ☐ In Progress ☐ Complete
Notes	

Phase 8 – Evaluation & Continuous Improvement

Review outcomes, strengthen partnerships, and identify future collaborative opportunities.

Target Completion Date	_____
Responsible Contact	_____
Status	☐ Not Started ☐ In Progress ☐ Complete
Notes	

Phase 9 – Sustainability

Continue collaboration beyond individual grant cycles whenever mutually beneficial.

Target Completion Date	_____
Responsible Contact	_____
Status	☐ Not Started ☐ In Progress ☐ Complete
Notes	

Foundation Use Only

Partner Name	
Reviewer	
Current Phase	
Next Action	
Comments	

Reaching Infinity Foundation

Community Partnership & Collaborative Network

08 – Applicant Submission Checklist

Purpose

Use this checklist before submitting your application packet. Complete only the items that apply to your applicant type.

Community Partner Applicants

☐ Completed Organization / Business Information Form

☐ Completed Partnership Classification Form

☐ Completed Priority Population & Community Needs Questionnaire

☐ Community Partner Statement prepared using Guidance 05A

☐ Signed Data Collection & Confidentiality Form

☐ Signed Partnership Principles

☐ Signed Partner Certification & Intent to Collaborate

☐ Organization brochure or capability statement (if available)

☐ IRS Determination Letter (nonprofits only, if applicable)

☐ Business card or primary contact information

Existing Business Expansion Applicants

☐ Completed Organization / Business Information Form

☐ Completed Partnership Classification Form

☐ Completed Priority Population & Community Needs Questionnaire

☐ Business Expansion Statement prepared using Guidance 05B

☐ Completed Business Expansion Accelerator Assessment

☐ Signed Data Collection & Confidentiality Form

☐ Signed Partnership Principles

☐ Signed Partner Certification & Intent to Collaborate

☐ Business license (if applicable)

☐ Marketing materials or company profile (optional)

Entrepreneur Startup Applicants

☐ Completed Organization / Business Information Form

☐ Completed Partnership Classification Form

☐ Completed Priority Population & Community Needs Questionnaire

☐ Entrepreneur Startup Statement prepared using Guidance 05C

☐ Completed Entrepreneur Startup Readiness Assessment

☐ Signed Data Collection & Confidentiality Form

☐ Signed Partnership Principles

☐ Signed Partner Certification & Intent to Collaborate

☐ Resume (optional)

☐ Business concept summary or draft business plan (optional)

Submission

Please review your packet to ensure all applicable forms are completed and signed before submission.

Submit completed application to reachinginfinityfoundation@gmail.com

Reaching Infinity Foundation

Community Partnership & Collaborative Network

09 – Partnership Principles

Purpose

These Partnership Principles establish the expectations and values that guide all organizations participating in the Community Partnership & Collaborative Network.

Collaboration

We work together toward shared community outcomes while respecting each organization's mission and expertise.

Our organization affirms this principle: ☐ **Yes** ☐ **Needs Discussion**

Integrity

We conduct ourselves honestly, ethically, and professionally.

Our organization affirms this principle: ☐ **Yes** ☐ **Needs Discussion**

Community First

We place the needs of individuals, families, businesses, and communities at the center of our decisions.

Our organization affirms this principle: ☐ **Yes** ☐ **Needs Discussion**

Respect

We value every partner's knowledge, experience, and contribution.

Our organization affirms this principle: ☐ **Yes** ☐ **Needs Discussion**

Shared Accountability

We accept responsibility for fulfilling agreed-upon commitments and measuring outcomes.

Our organization affirms this principle: ☐ **Yes** ☐ **Needs Discussion**

Innovation

We encourage creative, evidence-informed solutions to community challenges.

Our organization affirms this principle: ☐ **Yes** ☐ **Needs Discussion**

Equity & Opportunity

We strive to expand access to opportunity for underserved and priority populations.

Our organization affirms this principle: ☐ **Yes** ☐ **Needs Discussion**

Confidentiality

We safeguard confidential information and comply with applicable privacy laws and agreements.

Our organization affirms this principle: ☐ **Yes** ☐ **Needs Discussion**

Stewardship

We responsibly manage resources entrusted to our organizations.

Our organization affirms this principle: ☐ **Yes** ☐ **Needs Discussion**

Continuous Improvement

We evaluate, learn, and strengthen our collaborative efforts over time.

Our organization affirms this principle: ☐ **Yes** ☐ **Needs Discussion**

Organizational Commitment

By participating in the Community Partnership & Collaborative Network, our organization agrees to support these principles and work collaboratively to strengthen community impact.

Organization	
Authorized Representative	
Title	
Signature	
Date	

Foundation Use Only

Date Received	
Reviewed By	
Comments	

Reaching Infinity Foundation

Community Partnership & Collaborative Network

10 – Partner Certification & Intent to Collaborate

Purpose

This certification confirms an organization's intent to participate in the Reaching Infinity Foundation Community Partnership & Collaborative Network and authorizes continued partnership planning.

Organizational Certification

- ☐ I have authority to represent my organization.
- ☐ The information submitted is accurate to the best of my knowledge.
- ☐ Our organization intends to collaborate with Reaching Infinity Foundation.
- ☐ We understand this packet is not a legally binding contract.
- ☐ We understand a separate MOU will define agreed responsibilities.
- ☐ We agree to communicate material changes affecting participation.
- ☐ We support collaborative planning and shared community outcomes.

Areas of Intended Collaboration

- ☐ Participant Referrals
- ☐ Workforce Development
- ☐ Employment
- ☐ Internships/Apprenticeships
- ☐ Business Development
- ☐ Financial Literacy
- ☐ Healthcare
- ☐ Youth Development
- ☐ Foster Care
- ☐ Transportation
- ☐ Childcare
- ☐ Housing
- ☐ Professional Services
- ☐ Community Outreach
- ☐ Grant Collaboration
- ☐ Advisory Council
- ☐ Other: _____

Authorized Organization Representative

Organization Name	
Authorized Representative	
Title	
Phone	
Email	
Signature	
Date	
Preferred Contact Method	

Foundation Use Only

Date Received	
Reviewed By	
Partnership Status	
Next Action	
Comments	

Reaching Infinity Foundation

Community Partnership & Collaborative Network

11 – Partner Certification & Intent to Collaborate

Purpose

This certification confirms an organization's intent to participate in the Reaching Infinity Foundation Community Partnership & Collaborative Network and authorizes continued partnership planning.

Organizational Certification

- ☐ I have authority to represent my organization.
- ☐ The information submitted is accurate to the best of my knowledge.
- ☐ Our organization intends to collaborate with Reaching Infinity Foundation.
- ☐ We understand this packet is not a legally binding contract.
- ☐ We understand a separate MOU will define agreed responsibilities.
- ☐ We agree to communicate material changes affecting participation.
- ☐ We support collaborative planning and shared community outcomes.

Areas of Intended Collaboration

- ☐ Participant Referrals
- ☐ Workforce Development
- ☐ Employment
- ☐ Internships/Apprenticeships
- ☐ Business Development
- ☐ Financial Literacy
- ☐ Healthcare
- ☐ Youth Development
- ☐ Foster Care
- ☐ Transportation
- ☐ Childcare
- ☐ Housing
- ☐ Professional Services
- ☐ Community Outreach
- ☐ Grant Collaboration
- ☐ Advisory Council
- ☐ Other: _____

Authorized Organization Representative

Organization Name	
Authorized Representative	
Title	
Phone	
Email	
Signature	
Date	
Preferred Contact Method	

Foundation Use Only

Date Received	
Reviewed By	
Partnership Status	
Next Action	
Comments	

Reaching Infinity Foundation

Community Partnership & Collaborative Network

12 – Business Expansion Accelerator Assessment

Purpose

This assessment is completed by existing businesses seeking technical assistance through the Business Expansion Accelerator. Information provided will help evaluate business readiness, community impact, and potential for sustainable job creation.

Section 1 – Business Information

Business Name	
Owner(s)	
Business Address	
Phone	
Email	
Website	
Years in Business	
Industry	

Section 2 – Current Operations

☐ Sole Proprietorship

☐ LLC

☐ Corporation

☐ Partnership

☐ Home-Based

☐ Commercial Location

Current Full-Time Employees	
Current Part-Time Employees	
Primary Products/Services	

Section 3 – Business Expansion Vision

Describe your business growth goals.

_____

_____

What barriers are limiting your expansion?

_____

_____

What technical assistance or professional services would have the greatest impact?

_____

_____

How would this assistance strengthen your business?

_____

_____

Section 4 – Job Creation Plan

Describe how participating in this initiative will help your business create new employment opportunities.

Position	FT/PT	Estimated Hire Date	Expected Starting Wage

How do you anticipate sustaining these positions after the grant period?

_____

_____

Section 5 – Community Impact

How will your expansion benefit the local community?

_____

_____

How does your business address an identified community need?

_____

_____

Describe any partnerships you currently have or hope to develop.

_____

_____

Section 6 – Commitment

☐ I am committed to actively participating in technical assistance activities if selected.

☐ I understand participation does not guarantee funding.

☐ I understand an MOU will be required if selected.

Owner/Authorized Representative	
Title	
Signature	
Date	

Reaching Infinity Foundation

Community Partnership & Collaborative Network

13 – Entrepreneur Startup Readiness Assessment

Purpose

This assessment is completed by individuals or teams seeking assistance to start a new business. The information will help evaluate business readiness, training needs, community impact, and long-term job creation potential.

Section 1 – Applicant Information

Applicant Name	
Business Name (if applicable)	
Address	
Phone	
Email	
County	
Preferred Contact Method	

Section 2 – Business Concept

Describe your business idea.

_____

_____

What products or services will you provide?

_____

_____

What community need or problem will your business address?

_____

_____

Who is your target customer?

_____

_____

Section 3 – Startup Readiness

☐ I have a written business plan.

☐ I have researched my market.

☐ I have identified a business location.

☐ I have registered or reserved my business name.

☐ I have started licensing or permitting.

☐ I have secured some startup funding.

☐ I have not yet completed the items above and need assistance.

Section 4 – Technical Assistance Needs

☐ Business Planning

☐ Marketing & Branding

☐ Website Development

☐ Accounting & Bookkeeping

☐ Legal Services

☐ Insurance

☐ Banking

☐ Funding Readiness

☐ Financial Projections

☐ Licensing & Compliance

☐ Human Resources

☐ Technology

☐ Mentoring

☐ Other: _____

Section 5 – Job Creation & Community Impact

How will your business contribute to the local economy?

_____

_____

How many jobs do you hope to create during the first three years?

_____

_____

How will this business improve your community?

_____

_____

Section 6 – Vision & Commitment

Describe where you hope your business will be in three to five years.

_____

_____

What would success look like one year after completing this program?

_____

_____

☐ I am committed to participating in required coaching, training, and technical assistance if selected.

☐ I understand participation does not guarantee funding.

☐ I understand an MOU will be required if selected.

Applicant Signature	
Date	

Reaching Infinity Foundation

Community Partnership & Collaborative Network

14 – Optional Supplemental Narrative to Strengthen Your Application

Purpose

This optional narrative allows applicants to provide additional information that may strengthen their application. Completion is voluntary and does not guarantee selection or funding.

Section A – Vision

What is your long-term vision over the next three to five years?

_____

_____

If selected, what would success look like one year after completing the program?

_____

_____

Section B – Community Impact

What community need do you address?

_____

_____

How will participation improve the community?

_____

_____

What lasting impact do you hope to make?

_____

_____

Section C – Job Creation

How could participation help create new jobs?

_____

_____

What positions do you anticipate creating?

_____

_____

How will you sustain those positions after the grant period?

_____

_____

Would you offer internships, apprenticeships, or work-based learning?

_____

_____

Section D – Collaboration

How will you collaborate with other partners?

_____

_____

What expertise or resources can you share?

_____

_____

What additional partnerships would help you succeed?

_____

_____

Section E – Technical Assistance

What technical assistance would most help you achieve your goals, and why?

_____

_____

Section F – Innovation

What makes your organization, business, or idea unique?

_____

_____

How will your work contribute to economic growth or innovation?

_____

_____

Section G – Sustainability

How will this opportunity position you for long-term success?

_____

_____

What are your plans after grant-funded services end?

_____

_____

Section H – Additional Information

Is there anything else you would like the review committee to know?

_____

_____

Applicant Certification

Applicant/Organization	
Signature	
Date	
Email/Phone	

Reaching Infinity Foundation

15 – Applicant Review & Selection Scorecard

Applicant Name	
Organization/Business	
Application Type	
Reviewer	
Date	

Scoring (100 Points)

Category	Points	Score
Mission Alignment	10	
Community Need	10	
Application Quality	10	
Readiness	10	
Collaboration	10	
Sustainability	15	
Innovation	10	
Leadership	10	
Community Impact	15	
Job Creation	10	

Total Score: _____ /100

Comments

Strengths:

_____

Concerns:

_____

Recommendations:

_____

Final Recommendation

☐ Recommend for Selection

☐ Recommend with Conditions

☐ Waitlist

☐ Refer to Another Resource

☐ Do Not Recommend

Reaching Infinity Foundation

16 – Application Review & Next Steps Workflow

Step 1 – Receive Applications

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Step 2 – Eligibility Review

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Step 3 – Independent Review

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Step 4 – Selection Committee Meeting

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Step 5 – Executive Approval

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Step 6 – Applicant Notification

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Step 7 – Discovery Meeting

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Step 8 – Execute MOU

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Step 9 – Program Enrollment

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Step 10 – Monitoring & Follow-Up

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