Contact Information

**Primary Owner Contact**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| e-Mail Address: |  |
| Phone: |  |
| LinkedIn Profile: |  |

**Primary Owner Home Address**

|  |  |
| --- | --- |
| Street Address: |  |
| City: |  |
| State: |  |
| ZIP: |  |

**Main/HQ Address**

|  |  |
| --- | --- |
| Street Address: |  |
| City: |  |
| State: |  |
| ZIP: |  |

Company Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company’s Legal Name: | |  | | | | | |
| Dba (if applicable): | |  | | | | | |
|  | |  | | | | | |
| Structure: |  Sole proprietorship | |  Partnership (LP) | |  LLC |  C-Corp |  S-Corp |
| When did you incorporate or start your business? | | | |  | | | |

What is the primary focus of your business?

|  |  |
| --- | --- |
|  | CPG (consumer packaged goods) |
|  | Food service product |
|  | Catering |
|  | Food technology |
|  | Other (describe): |

Ethnicity/Race

Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

|  |  |
| --- | --- |
|  Yes |  No |

Please select the racial category or categories with which you most closely identify by placing an “X” in the appropriate box.  Check as many as apply.

|  |  |
| --- | --- |
|  | Black or African American |
|  | White |
|  | American Indian or Alaska Native |
|  | Asian |
|  | Native Hawaiian or Other Pacific Islander |
|  | Other |

Other Designations

Please check all that apply to your company:

|  |  |
| --- | --- |
|  | Minority-owned (based on race/ethnicity) |
|  | Woman-owned |
|  | Veteran-owned |
|  | B-Corp |
|  | Other |

Employment

|  |  |
| --- | --- |
| How many FTEs did you employ?  Use this [calculator](https://www.healthcare.gov/shop-calculators-fte/) to convert part-time and contractor employees to FTEs (full-time equivalents) |  |
| Do you have a full-time President and/or CEO running the company? |  |
| Only one founder from each company can attend A4G classes. Will you be the cohort participant? If not, who will be? |  |

Financials

|  |  |
| --- | --- |
| What were your gross revenues in 2021? |  |
| What is your revenue target for 2022? |  |

How is your business funded (check all that apply)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Self-funded |  Debt (banks/credit) |  Investors |  Grants |  Friends/Family |

Which statement best describes your profitability (check one)?

|  |  |
| --- | --- |
|  Made a profit in 2021; expect to in 2022 |  Didn’t make a profit in 2021; expect to in 2022 |
|  Made a profit in 2021; don’t expect to in 2022 |  Didn't make a profit in 2021, don’t expect to in 2022 |

Online Activities

|  |  |
| --- | --- |
| Website: |  |

Please list your company’s social media feeds below:

|  |  |
| --- | --- |
| LinkedIn (company page) |  |
| Facebook |  |
| Instagram |  |
| Twitter |  |
| Pinterest |  |
| Other: |  |
| Other: |  |

Products

|  |  |
| --- | --- |
| How many product SKUs do you have? |  |

Manufacturing

How are the majority of your products manufactured (check one)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Shared kitchen |  Private kitchen |  Contract manufacturer |  Other: | |
| If you self-manufacture, what is the ZIP code of your primary manufacturing location? | | | | |  |

Distribution

Please indicate the number of distribution channels you have in place:

|  |  |
| --- | --- |
|  | Distributors (e.g. KeHE, Fortune Fish) |
|  | Farmer’s Markets/Events (e.g. South Loop Farmer’s Market, One of a Kind) |
|  | Grocery/Chain (e.g. Jewel, Whole Foods, Target, Costco) |
|  | Online Marketplace (e.g. Amazon, Green City Market) |
|  | Restaurants/Food Service (e.g. Sysco, ChefStore) |
|  | Special Stores/Local Retailer (e.g. South Loop Market) |
|  | Other (describe): |

Where are the majority of your products distributed/sold (check one)? Do not include ecommerce or online marketplace sales.

|  |  |  |
| --- | --- | --- |
| o Local (Chicago area) | o Regional (Midwest) | o National (USA) |

Good Food Requirements

The Good Food Accelerator is committed to meeting specific guidelines for “Good Food”. Every GFA Member must meet at least one of the criteria below.

Local Sourcing

|  |  |
| --- | --- |
| What percentage of your ingredients are produced within 50 miles of your primary operations? |  |

Healthy Food

Which of these features do your products include (check all that apply)?

|  |  |  |
| --- | --- | --- |
|  No additives |  No added chemicals |  No added antibiotics/hormones |
|  Non-GMO |  Certified gluten-free |  Certified organic |
|  Reduced sugar |  Reduced saturated fats |  Reduced salt |
|  Reduced calories |  |  |

Fair Labor Practices

Which of these labor practices have you put in place (check all that apply)?

|  |  |  |
| --- | --- | --- |
|  Minimum wage |  Overtime pay |  Paid sick leave |

Responsible Animal Practices

Do you source meat products/ingredients from facilities with humane and ethical animal husbandry practices?

|  |  |  |
| --- | --- | --- |
|  Yes |  No |  We don’t use meat products/ingredients |

Waste Reduction

Have you implemented carbon and/or waste reduction practices at your facilities?

|  |  |
| --- | --- |
|  Yes |  No |

Sustainability

Is your packaging and/or shipping materials recyclable?

|  |  |  |
| --- | --- | --- |
|  Yes |  No |  We don’t package/ship |

GFA Policies

Everyone involved with GFA must agree to abide by our Non-Discrimination and Harmful Language policies. Please click [HERE](https://www.dropbox.com/sh/6v9vuf11putukqr/AADgodL3Obw2KSR58eMgACb1a?dl=0) to review them and sign below to indicate your agreement.

Signature

Printed Name

Date