



Initial Report

Name of EDO

Project # and Project Name

Type of Company

EDO Contact

EDO Contact Email

EDO Contact Phone Number

Do you have anything to report at this time?

SECTION I. COMPANY INFORMATION

Company Name

Company Contact Name

Company Contact Email

Company Contact Phone

Company NAICS Code

Description of Business Activity

State of Formation

Company Website address

Name and Address of Headquarters

Name and Address of Alabama operations (if any)

**Date Registered with Alabama
Secretary of State (if required)**

SECTION II. OPERATIONS PRE PROGRAM ENTRY

* Number of employees & associated payroll, exclusive of benefits, existing prior to entry into the Program:

Number of Full-Time employees

Full-Time Associated Payroll

Number of Part-Time employees

Part-Time Associated Payroll

SECTION III. OPERATIONS POST PROGRAM ENTRY

* Number of employees & associated payroll, exclusive of benefits, existing prior to entry into the Program:

Number of Full-Time employees

Full-Time Associated Payroll

Number of Part-Time employees

Part-Time Associated Payroll

Program Entry Date

Expected Program Graduation Date

**Total capital raised since Program
Entry Date:**

**Do you have a success story you
would like to share with us?**

Upload Success story here.

Type success story here.

Current Status of the Company

Please Note: If the current status of a company is "closed", this is the final report this company is obligated to submit.



Status Report

Please Note: Status Reports shall be due no later than (1) month after completion of the program.

Name of EDO

Project #

Type of Company

EDO Contact

EDO Email

EDO Phone Number

Do you have anything to report at this time?

SECTION I. COMPANY INFORMATION

Company Name

Contact Name

Contact Email

Contact Phone

Description of Business Activity

Address of Alabama operations (if any)

Date Registered with Alabama Secretary of State (if required)

SECTION II. OPERATIONS PRE PROGRAM ENTRY

* Number of employees & associated payroll, exclusive of benefits, existing prior to entry into the Program: This information can be obtained from your Initial Report.

Number of Full-Time employees

Full-Time Associated Payroll

Number of Part-Time employees

Part-Time Associated Payroll

SECTION III. OPERATIONS POST-PROGRAM

Number of program positions & associated payroll, exclusive benefits, as of the Reporting Year end date. Program positions are full-time and/or part-time permanent employee positions in Alabama created by the company after entering the Accelerator Program.

Number of Full-Time employees

Full-Time Associated Payroll

Number of Part-Time employees

Part-Time Associated Payroll

Program Entry Date

Expected Program Graduation Date

Total capital raised since Program Entry Date:

Would you like to share a success story with us?

Upload success story here.

Type success story here.

Current Status of the Company

Please Note: If the current status of a company is "closed", this is the final report this company is obligated to submit.





Program Impact, Recruitment, and Expenditures Report

Project # (list the project number located on the front of the funding agreement to ensure it is assigned to the correct project).

Name of EDO

EDO Authorized Contact Title

Address of EDO

EDO Authorized Contact

EDO Authorized Contact Email

EDO Authorized Contact Phone

Provide a short description of the program

Section 1: The actual economic impact from the Program, including, but not limited to the following:

- (a) Total number, and job descriptions, of program staff.**

- (b) Total number, and job descriptions, of program staff who were Alabama residents at the time they were hired by the EDO or the Program Provider.**

- (c) Total number and payroll, exclusive benefits, of full-time and part-time employees existing before entry into the Program.**

- (d) Total number and payroll, exclusive of benefits, of Program Positions**

- (e) Total number of companies locating permanent operations in Alabama.**

(f) Total number of estimated indirect jobs created by the Program.

(g) Total follow-on investment recruited for the Program to support Companies entering the Program.

(h) Overall statewide economic impact of the Program. I would like to:

Both: Type an answer and Upload a file(s)

(h) Type overall statewide economic impact of the Program.

(h) Upload Impact Report.



Section 2: Program Expenditures

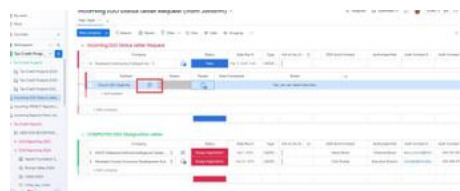
Provide a breakdown of actual Program expenditures and an accounting of the disposition by the EDO of all certified contributions received from taxpayers to undertake the Program. The breakdown of actual Program expenditures shall conform to line items and detail provided in the budget submitted with the Application.

I would like to:

Both: Type an answer and Upload a file(s)

Type Program Expenditures

Upload Program Expenditures



Section 3: Program Recruitment Detail

(a) Total number of applications received for the Program.

(a) List the name(s) of the all applicants here.

(b) Total number of companies invited to participate in the Program.

(b) List the name(s) of the companies invited to participate here.

(c) Total number of companies participating in the Program

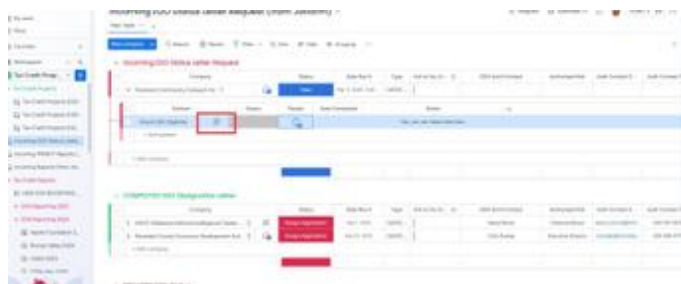
(c) List the name(s) of the company participating here.

(d) Total number of companies graduating from the Program

(d) List the name(s) of the companies graduating here.

Section 4: Additional Information

Upload additional files here



Type additional comments here

Note: Submit this report for projects associated with funding agreements submitted in 2023 or 2024.



Audited Financials

Please note: All Audited Financial statements shall have a due date of July 1.

Project #

Audited Financials Year

Name of EDO

Address of EDO

EDO Contact Name

EDO Contact Title

EDO Contact Email

EDO Contact phone number

Upload your Audited Financials below:

Provide additional information here, if needed.