

## Please provide the following information about your business

### Please select what best describe your business.

- Startup Business (in operation less than six (6) months)

#### Business Name

Serenity Home Solutions

#### Form of Ownership

Limited Liability Company (LLC)

#### Business Address

16237 Cary St  
Omaha, Nebraska 68136  
United States

## Company representative

#### First Name

Vera

#### Last Name

Mahadi

#### Phone Number

(402) 213-3820

#### Email

[vmahadi@hotmail.com](mailto:vmahadi@hotmail.com)

#### Name of Presenter

Vera K Mahadi

## More about your business

**Nature of business - include a brief description of the product/service and the nature of your market. Submit product brochures, links to social media sites, and any other company literature. Please only share non-confidential.**

Serenity Home Solutions is a group home, that provides quality, comfortable, safe housing and supportive services for particular vulnerable groups, including individuals who have mental illness or other disabilities.

#### Customer segment served

Disadvantage, Vulnerable groups, including individuals with mental illness or other disabilities.

#### Goals for joining the accelerator

1. To understand the competition guidelines, learn about startup resources, and mentorship on building my business.
2. To learn about the programs of the Midlands African Chamber, and become an active member.
3. To learn about opportunities that will enhance my business.
4. To connect with others in the community that are engaging in ventures that builds our community.
5. To learn how my business can in turn give back, and assist others in building their business's and the community.

#### Brief background of Principal Officer(s); please attach bio if available

NA

**Does the business own all rights (including intellectual property) to the material submitted and presented for this competition?**

Yes

**Describe your business, product or service and what differentiates it from your competitors.**

Serenity Home Solutions is a group home, that provides quality, comfortable, safe housing and supportive services for particular vulnerable groups, including individuals who have mental illness or other disabilities. What differentiates us from our competitors is the customized intake approach, and individual care plans, with realistic goals that benefits client's that are eligible for transitional and advancement programs that enhances and supports the lives of individuals living with disabilities.

**Current status or stage of development of business: (e.g. working on prototype, produce in advanced development, etc.)**

Planning stage.

**Current sales revenue (dollar volume per month)**

\$0.00

**What is your gross annual revenue? (dollar volume per year)**

\$0.00

**Number of employees (include principals)**

Part Time	Full Time
0	1

**Projected Number of employees in 12 months**

Part Time	Full Time
3	2

**Projected number of employees in 24 months**

Part Time	Full Time
10	5

**Is this your primary business?**

Yes

**Is this your original concept?**

Yes

**Please specify your ethnicity.**

Other/Unknown

**What is your age?**

45 or Above

**Is the business owned by a veteran?**

No

**Is at least 51% of the business owned and controlled by a woman?**

Yes

**Is your company a small business?**

Yes

**Do you have any investors or partners?**

No

**Is your business currently licensed or registered in the State of Nebraska or Iowa?**

Yes

**Is at least 51% of the business is owned, and controlled by an ethnic minority and please specify which one.**

The business is both owned and controlled by an ethnic minority.

**Type of financing used to operate a business to date**

- Personal Resources

**Status of Business Plan**

In preparation and available by

**Indicate date available by**

02/20/2023

**Would you like free business advisory assistance in writing a business plan?**

Yes

**Types of business assistance needed (Check all that apply)**

- |                                       |                                        |                                     |
|---------------------------------------|----------------------------------------|-------------------------------------|
| • Business Strategic Plan development | • Promotion and marketing assistance   | • Business Networking Opportunities |
| • Technical Support                   | • Funding for start-up and maintenance | • Customer Service                  |
| • Hiring and managing employees       | • Accounting and Finance               | • Service Training/Educational      |
| • Programs Sales/Marketing            | • Legal/Patent Services                |                                     |

**Do you need help building your Pitch Black registration material?**

Yes

**Please explain what services you or your organization can offer other clients of the Business Accelerator Program:**

At this time, I am not sure what the needs of the clients of the Business Accelerator Program is, but my organization will sure participate and actively rise up to any needs, or challenges that can be of benefit to the program or its clients.

**Other relevant information**

None, at this time.

**Consent 1**

✓ I understand the Pitch Black Accelerator Program is designed to support the Midlands African Chamber emerging businesses to succeed and thrive. Participating in the Pitch Black Accelerator Program necessitates interaction with the assigned mentor, attendance at educational and networking sessions, and reporting to the Midlands African Chamber on business changes. Once selected as a Pitch Black Accelerator participant, I must become a member of the Midlands African Chamber.

**Consent 2**

✓ By registering and participating in this program, I consent to the recording of my likeness, image and/or voice and authorize the Midlands African Chamber to use photographs, videos, and audio recordings containing my likeness, image and/or voice in any medium for any purpose

**Consent 3**

✓ I agree to the terms and conditions of the [Pitch Black Accelerator Program](#).

**Applicant's Name**

Vera Mahadi

**Applicant's Title**

CEO

**Date**

12/14/2022

**Signature**

Vera K. Mahadi

**Approved? (Admin-only)**

- Approved