2025





PARTNERSHP

Invest and engage in the growth of the region's entrepreneurial ecosystem by supporting and empowering the expansion of ChicoSTART programs created for startups, entrepreneurs and small businesses to nourish their ideas and reach their business goals.

2025





PARTINER

As a ChicoSTART Partner, you'll play a vital role in accelerating the success of North State startups, supporting innovative ChicoSTART programs, and nurturing entrepreneurial talent. Partner with us to invest in local growth while showcasing your company's brand across the Northern California region.

2025





PACKAGES

Our partners are recognized all year including additional GrowTECH FEST visibilty.

FOUNDATION PARTNER (\$50,000+)

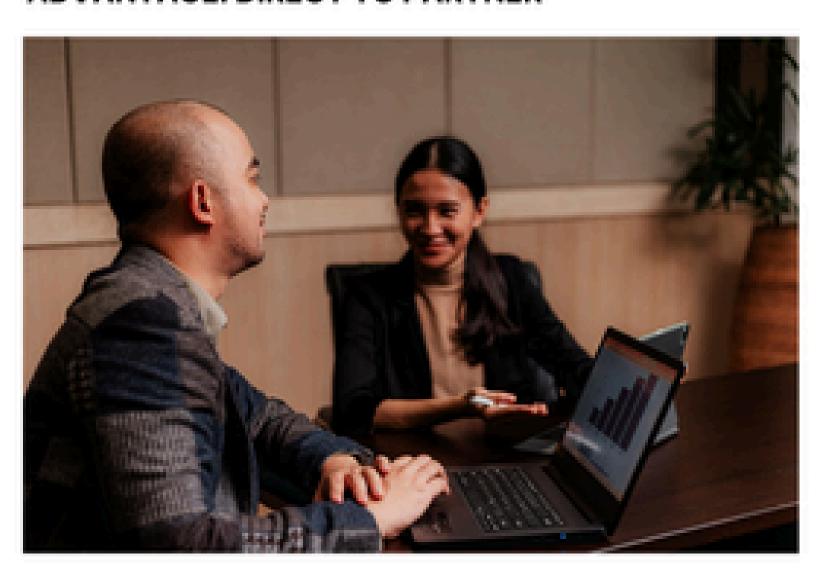
A "Foundation Partnership" directly invests sponsorship funds into supporting early-stage startups within the ChicoSTART Incubator Program + ChicoSTART exclusive co-branding.

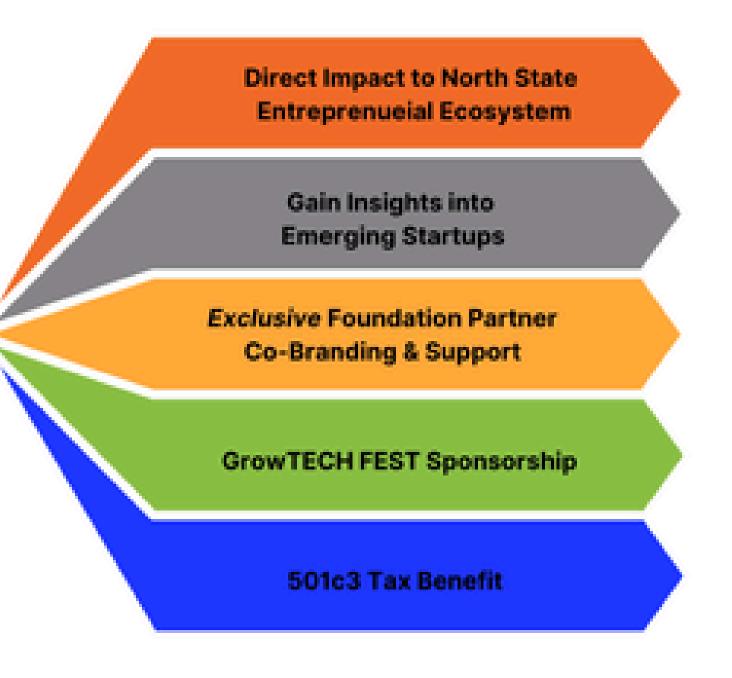


ADVANTAGE: PARTNER TO STARTUP



ADVANTAGE: DIRECT TO PARTNER





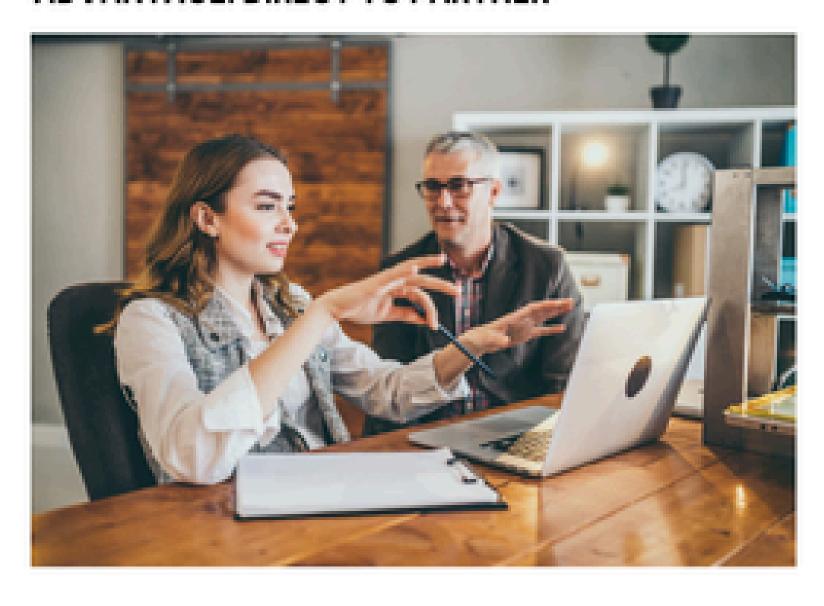
POWERED BY PARTNER (\$25,000)

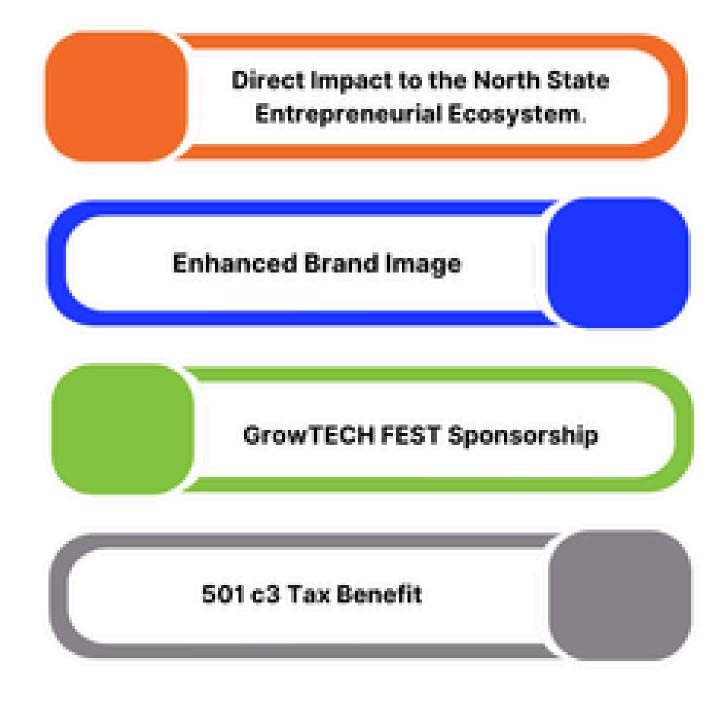
The "Powered by Partnership" program channels sponsorship funds directly into fostering the growth of early-stage startups in the ChicoSTART Incubator Program.



ADVANTAGE: PARTNER TO STARTUP

ADVANTAGE: DIRECT TO PARTNER





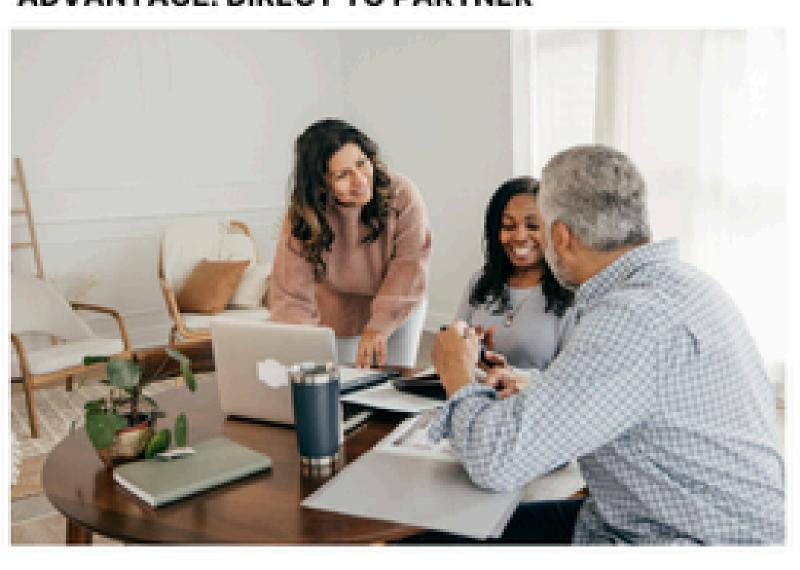
ACCELERATED BY (\$15,000)

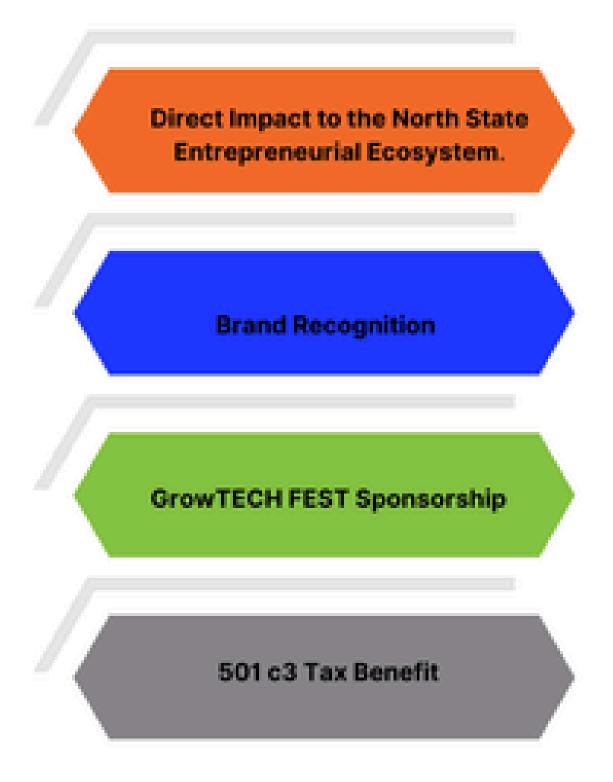
An "Accelerated by Partnership" investment makes an impact in the success of north state entrepreneurs by supporting training and resources.



ADVANTAGE: PARTNER TO STARTUP

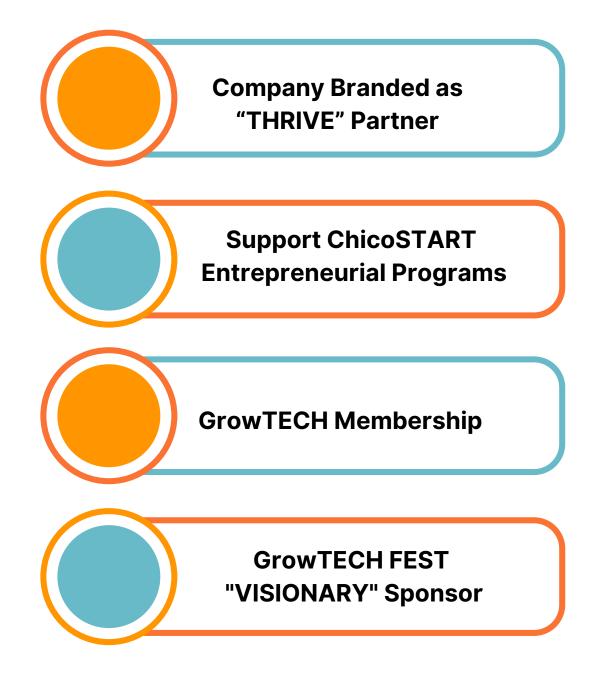
ADVANTAGE: DIRECT TO PARTNER





THRIVE (\$10,000)

BENEFITS & BRANDING

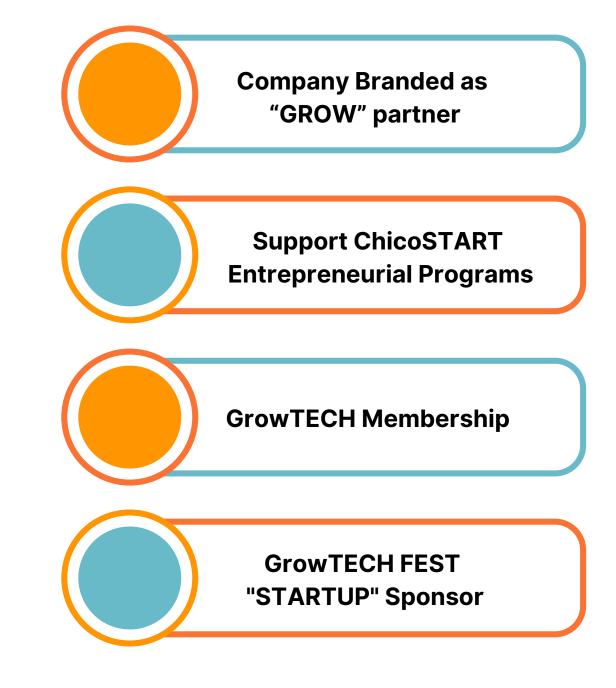




GROW (\$7,500)



BENEFITS & BRANDING



START (\$5,000)

BENEFITS & BRANDING











LAUNCH (\$2,500)



BENEFITS & BRANDING



2025-2026 Partnerhip Agreement

Date:	
Partnership Package:	
FOUNDATION	(\$2,500)
Partner Amount:	
Name: Last Name:	
Address:	
Phone: Email:	
Business Name:	
Business Website:	
PAYMENT METHOD: Annually Bi-Annually Quarterly	
Card Type: Master Card VISA Check/ACH	
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy): Cardholder ZIP Code: _	
I,, authorize	
to charge my credit card above for agree upon purchases.	
CHECK #:	
Partner Signature:	
Approved by Chicostart Representative:	