

Basic Business Empowerment Business Plan Development Training Application

Name:		Date:	
Address:			
City:	State:	Zip Code:	
Phone:	Email:		
Birthdate:	Gender:		
Homeless: Yes No	Coconino County Resident: Yes No		

Emergency Contact:

Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	

Ethnic Heritage:

- | | |
|---------------------------------|-------------------------|
| American Indian / Alaska Native | Hispanic / Latino |
| Arabic | Native Hawaiian |
| Asian | Other Pacific Islander: |
| Black / African | White |
| | Other: |

Education Level:

- | | |
|---------------------------------|-----------------------------|
| Less than 6 th grade | Less than High School |
| High School Graduate or GED | College Courses, No Degree |
| Trade / Technical Training | College Graduate: |
| | AA BA BS MA PHD |

Do you have a disability or chronic health condition that significantly limits any of your daily activities or the kind or amount of work you can do?

Yes No

If yes, do you receive any related services (Voc Rehab, NARBHA, etc.)? Please list:

Do you have any of the following forms of health insurance/coverage for you or your family members? (check all that apply)

	Self	Spouse	Children
Not Insured			
Private Insurance			
AHCCCS			
Medicare			
Other:			

	Yes	No
Are you a Veteran?		
Are you a Disabled Veteran?		

		Yes	No
Do you have access to a computer?			
Do you know how to use:	Word		
	Excel		
	Email		
	Internet		
Do you have access to a printer?			
Do you have access to the internet?			
Do you currently own a micro-business?*			
Do you intend to start a micro-business?			

*A micro-business is 5 or fewer full time employees, including owner

What are your goals in seeking CCCSD-BBE assistance? (check all that apply)

- | | |
|---|---------------------------------------|
| Learn about starting a full-time business | Learn to manage cash flow |
| Learn about starting a part time business | Learn about business legal structures |
| Expand or enhance an existing business | Write a business plan |
| Better manage an existing business | Learn marketing skills |
| Learn accounting and business budgeting | Increased personal income |
| Improve financial literacy | Repair credit history |
| Obtain business financing (Amount of financing sought: _____) | |

Other Goals:

What type of business are you interested in starting?

How did you hear about the BBE Program?

- | | |
|---------------------|--------------------|
| Chamber of Commerce | Flyer / Newsletter |
| Newspaper | Friend / Relative |
| Bank / Lender | Gvt. Agency: |
| SBDC | Other: |
| FIBA | |

If Currently Own a Business

Business Name:	Business Phone:
Business Address:	% Female Ownership:
Date you began business:	

Business Entity:

Sole Proprietorship	C Corp
Partnership	B Corp
LLC	S Corp
Cooperative	

	Yes	No
Do you have a business license?		
Do you have a business checking account?		
Do you export outside Coconino County?		
Do you take international trade?		
Are you breaking even?		
Did you hire an Independent Contractor in the last 12 months?		

Business Location:

Business Incubator	Other Commercial Location
Home Based	Retail Shop
Manufacturing Facility	

Type of Business:

Agricultural	Retail
Contract trade / Construction	Service
Manufacturing	Wholesale

Where did you obtain the financing to start your business? (check all that apply)

Bank loan	Personal savings
Family / friends	Owner carry-back
Government loan	Private investor
Job income	Other:

Gross annual sales:	Personal income from the business:	
Number of employees:	Full time:	Part time:
	Volunteers (such as unpaid family members):	

How much of your annual household income is provided by your business?

All	<Half
>Half	None
Half	

How many hours per week do you spend working in your business?

Please give a brief description of your business and it's products or services:

Please give a brief description of your target market:

I/We certify that all information in this application and all information furnished in support of this application are true and complete to the best of my/our knowledge and belief.

I/We authorize CCCSD and is funders to verify and information furnished in connection with this application.

I/We also acknowledge that this is an application for publically funded services and therefore, the information provided may be made available for review. Applicant acknowledges and agrees that photos, name, and business of the Applicant may be publicly mentioned in connection with Basic Business Empowerment related services, activities, promotions, and reporting.

Applicant Signature: Date:

Co-Applicant Signature (if applicable): Date:

Reviewed by: Date:

Program Coordinator - BBE Program

Reviewed by: Date:

Community Service Director / Assistant Director

Financial Information Required to Determine Eligibility for 50% BBE Scholarship and/or Pre-Screening for IDA Match Savings Grant Participation

NOTE: If you live with roommates and you are all responsible for your own expenses, then YOU ARE A HOUSEHOLD OF 1

	Number of adults (18 and older) in applicant's household
	Number of children (under 18) in applicant's household
	Number of adult employed in your household

Total MONTHLY Household Gross Income (Before Taxes)

Wages or salary		General Assistance		Alimony	
Child Support		State Disability Insurance		SNAP	
Self-Employed		Pensions/Retirement Income		TANF	
Food Stamps		Social Security Income		WIC	
Disability Benefits		Supplemental Security Income			
Investment Income		Unemployment		TOTAL	

Total Household Assets

Vehicle		House or Condominium		Bank Acct.	
Property		Retirement, Stock, Bonds, etc.		Other	
				Total Assets	

Total Household Liabilities

Vehicle loan		Student loan		Credit Card	
Business loan		Home or property loan		Other	
				Total Liabilities	

CSBG Self-Declaratory Statement

I, _____ self-declare that my household adjusted gross income is less than the current Community Service Block Grant (CSBG).

Household Size	Poverty Guideline	125%BBE Scholarship	150% 60+ yrs or Disability Scholarship	200%Max AGI for IDA
1	\$12,490	\$15,613	\$18,735	\$24,980
2	\$16,910	\$21,137	\$25,365	\$33,820
3	\$21,330	\$26,662	\$31,995	\$42,660
4	\$25,750	\$32,188	\$38,625	\$51,500
5	\$30,170	\$37,713	\$45,255	\$60,340
6	\$34,590	\$43,238	\$51,885	\$69,180
7	\$39,010	\$48,763	\$58,515	\$78,020
8	\$43,430	\$54,288	\$65,145	\$86,860

LEGAL RESIDENCY VERIFICATION FORM

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
ADDRESS:		
CITY, ST, ZIP:		

Arizona revised statutes §§ 1-501 and 1-502 require that anyone receiving federal, state, or local public benefits must provide one of the following documents to demonstrate lawful presence in the United States and a sworn affidavit, made under penalty of perjury, stating the document(s) presented are true. To become or remain eligible for the benefit or service you are seeking, you must complete this form and present it with one of the required documents listed below.

Failure to complete and submit this form and/or the falsification of any document or information provided herein shall subject applicant to denial, cancellation, or revocation of the requested service or benefit, and the county will be required to report any discovered violations to federal immigration law to the appropriate law enforcement agency.

Please provide one (1) of the following forms of identification (mark an "X" next to the one you will be submitting):

<input type="checkbox"/>	An Arizona driver's license issued after 1996 or an Arizona non-operating identification license.
<input type="checkbox"/>	A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
<input type="checkbox"/>	A United States certificate of birth abroad.
<input type="checkbox"/>	A United States passport.
<input type="checkbox"/>	A foreign passport with a United States Visa.
<input type="checkbox"/>	An I-94 form with a photograph.
<input type="checkbox"/>	A United States citizenship and immigration services employment authorization document or refugee travel document.
<input type="checkbox"/>	A United States certificate of naturalization.
<input type="checkbox"/>	A United States certificate of citizenship.
<input type="checkbox"/>	A tribal certificate of Indian blood.
<input type="checkbox"/>	A tribal or Bureau of Indian Affairs affidavit of birth.

By my signature below, I hereby certify, under penalty of perjury, that the document I am providing is true and that I am legally authorized to be present in the United States.

_____ *Signature of Applicant*

_____ *Date*

For County Use Only:

Reviewed by: _____

Date: _____