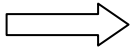




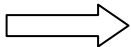
# Glenn County Health and Human Services Agency- Business Services Office

## Application Packet for Microenterprise Assistance Project

### Checklist:



Sign and date all forms:  
Application Packet for Microenterprise Assistance Project  
Microenterprise Program Self-Certification of Income



Questions? Please call Yassi Lam at (530) 934-1494

Funding provided by the State of California Department of Housing and Community Development Block Grant Program and the County of Glenn.

**REVISED: JUNE 10, 2015 (COVER)**





**GLENN COUNTY**  
**HEALTH AND HUMAN SERVICES AGENCY**  
**MICROENTERPRISE ASSISTANCE PROJECT**  
**BUSINESS APPLICATION**

Client ID# \_\_\_\_\_  
Income Level \_\_\_\_\_

- Technical Assistance only** (requires Self-Certification; no other documentation needed))  
 Technical **and** Financial Assistance (e.g. business loan) (requires Part 5 Income Qualification)

Last Name		First Name		MI		
Home Address		City		State Zip		
Home Phone			Cell Phone			
Business Name		Business Phone		Business Fax		
Business Address		City		State Zip In Business since?		
E-mail Address		Web Address		Is your business inside city limits? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Business Partner Information</b>			<b>Partner Information</b>			
<p>Is this business a partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a signed Partnership Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of partnership? <input type="checkbox"/> Legal <input type="checkbox"/> Informal <input type="checkbox"/> Limited Liability (LLC)</p>	First Name:		Last Name:			
	Home Address:					
	City:		State:		Zip:	
	Home Phone:		Cell Phone:			
	Day/Work Phone:					
	Fax #:					
E-mail:						
Web Site:						
<b>Business Features</b>						
PRE START-UP (NASCENT BUSINESS)			<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any of the following? (please check all that apply)  <input type="checkbox"/> Business License <input type="checkbox"/> Current/Valid Business License <input type="checkbox"/> Sellers Permit / Resale Number <input type="checkbox"/> Registered DBA / Fictitious Business Name <input type="checkbox"/> Registered D&B DUNS# _____ <input type="checkbox"/> Certified with SBA Type: _____ <input type="checkbox"/> Patent <input type="checkbox"/> Trademark <input type="checkbox"/> Copyright <input type="checkbox"/> Complete Business Plan Last Revision: _____ <input type="checkbox"/> Complete Marketing Plan Last Revision: _____ <input type="checkbox"/> Current Financials	
Is this a Home-Based Business?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this a Woman-Owned Business?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this a Veteran-Owned Business?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this a Web-Based Business?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this a Minority-Owned Business?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you engaged in import/export trade?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this business Full-time or Part-time?						
<input type="checkbox"/> Seasonal <input type="checkbox"/> FT						
<input type="checkbox"/> PT (# of hours you work for your own business per month: _____)						

**Business Form:**

- Sole Proprietor
- Partnership
- Corporation
- S-Corporation
- Limited Liability Company (LLC)
- Non-Profit Organization
- Undetermined

**Business Type (industry classification):**

- Agriculture, Forestry, Fishing and Hunting
- Arts, Entertainment, and Recreation
- Construction
- Educational Services
- Finance and Insurance
- Health Care and Social Assistance
- Information
- Surplus Dealer
- Other Services (specify) \_\_\_\_\_.
- Unclassified Establishment
- Management of Companies
- Manufacturing/Production
- Mining
- Professional Services
- Public Administration
- Real Estate Rental and Leasing
- Retail Trade
- Research and Development
- Transportation
- Utilities
- Waste and Remediation
- Wholesale Trade
- Food Service

**Business Income**

Last year's gross sales: \$ \_\_\_\_\_ Does your business provide:  Supplementary Income  Sole Source of Income  
 Net profit / loss: \$ \_\_\_\_\_ What is your income goal?  Supplementary Income  Sole Source of Income

In the last year, did your business provide for an owner's draw?  Yes  No Annual owner's draw amount: \$ \_\_\_\_\_

**Employee Information**

Do you have employees?  Yes  No  
 If yes, total number of employees in last 12 months: Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Seasonal/Temp: \_\_\_\_\_

Within the last two years, have any of the employees of your business received TANF?  Yes  No How Many? \_\_\_\_\_  
 Within the last year, has your business hired anyone receiving TANF?  Yes  No How Many? \_\_\_\_\_

Do you provide health care benefits to your employees?  No  Yes  
 Number of employees receiving employer health benefits: \_\_\_\_\_

How did you hear about the Glenn County Microenterprise Assistance Project?

May we use your email address to communicate with you?  Yes  No  
 May the Glenn County Health and Human Services Agency use your name for promotional purposes?  Yes  No

Other information/demographics/data elements (list here):

1. *The information collected in this application is used for evaluation purposes and is required by funders/sponsors.*
2. *I understand that the information I have provided about my income is subject to verification by authorized representatives of the County of Glenn, the State of California Department of Housing and Community Development (HCD), and the United States Department of Housing and Urban Development (HUD).*

**Signature:**

**Date:**

# BUSINESS ASSESSMENT QUESTIONNAIRE

First & Last Name:	Date:
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*Thank you for your interest in the **GLENN COUNTY MICROENTERPRISE ASSISTANCE PROJECT**. Please answer the following questions as completely and clearly as possible. The information you give will help us assess your business idea and refer you to the appropriate services. Thank you.*

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**Explain your business/business idea** \_\_\_\_\_

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Have you saved any money for your business venture?  No  Yes If yes, how much? \_\_\_\_\_

What are your financing needs? \_\_\_\_\_

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**Choose which is applicable and then use the space below to elaborate:**

Starting a business: 1) What research have you performed? 2) What have you accomplished towards your goal?

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If already in business, give a brief history of your business.

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If already in business, give a brief history of your business (continued)

Date Business Established (Month/ Year) \_\_\_\_\_

Annual Sales \$ \_\_\_\_\_

Not counting owner(s) please provide number of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_.

Do you provide health care benefits to your employees?  No  Yes

Total # of hours you work for your own business per month \_\_\_\_\_

Were you or any of your employees unemployed before working for this business?  No  Yes

If Yes, Number of people unemployed \_\_\_\_\_

If buying/selling a business, what steps have you taken towards the purchase/sale of the business?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What services are you requesting from the Glenn County Health and Human Services Agency-Business Services?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your business goals for:**

Initial meeting \_\_\_\_\_

1 Month from Now \_\_\_\_\_

6 Months from Now \_\_\_\_\_

1 Year from Now \_\_\_\_\_

5 Years from Now \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_