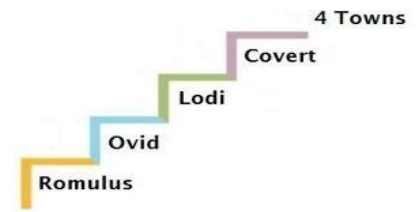


STEPS
 7150 N. Main Street
 P.O. Box 902
 Ovid, NY 14521
 (607) 403-0069
 Stepscommunity@s2aynetwork.org



For any questions or assistance in filling out this form, please call the STEPS Office at 607-403-0069
 or Community Business Mentor, Dale Pemberton at (315) 382-5100

Applicant Information	
Name	Business Name
Address	
Phone Number	
Fax Number	
Email	
Business Address	
Website	
Business History	
Describe your business idea and any steps you have taken to develop your business.	
Describe any training (classes/workshops), education, or experience you have related to your business idea?	
Have you already completed a business plan for your potential business (please note that a business plan will be required prior to approval) If Yes, please attach. Yes/No	

Capital Investments:

How much money have you invested in the following categories to date?

Property: \$ _____

Equipment: \$ _____

Inventory: \$ _____

Other: \$ _____

What are your funding sources, and how much did each one contribute to date?

Personal Cash: \$ _____

Micro-Enterprise Grant: \$ _____

Bank Loan: \$ _____

Other: \$ _____

Current Business Needs

List all current business expenses and liabilities below (ex. Rent, Operating Costs, Insurance, Payroll, etc.)

Funding amount requested (Up to \$3,000): \$ _____

What will the funds be used for?

Note: The amount awarded will be split as 50% grant and 50% loan.

In which of the following areas would you like some guidance? (Check the three most important)

- Financing your business
- Production/Processing Optimization
- Record Keeping/ Book Keeping
- Marketing
- Public Relations

- Human Resourcing/Staffing
- Management
- Business Planning
- Information Technology/Website Design and Maintenance
- Other _____

Future Goals and Community Impact

Please state two objectives for your business that you would like to see within the next two years?

1.

2.

What skills or knowledge do you hope to gain from your mentor?

Economic Impact

Job Impact: Note the number of full time or full-time equivalents to be created or retained by this project. Please differentiate "new" versus "retained" jobs

_____ Jobs created

Total Yearly Business Expenditures in:

Value of goods to be purchased as a result of this Microenterprise Grant/Loan

Seneca County \$ _____

Seneca County \$ _____

New York State \$ _____

New York State \$ _____

Anticipated Projected Sales:

Current Year: \$ _____

Next Year: \$ _____

Year 3: \$ _____

Current assessed property value associated with your business: \$ _____

Square footage of space converted to business usage sourced from: _____

New Construction _____

Vacant Property _____

Private Residential Property _____

Estimated number of new construction jobs created as a result of this project: _____

Acres of land to be added to agricultural production as a result of this project: _____

Acres of land to be removed from agricultural production as a result of this project: _____

How did you hear about the Micro-Enterprise Program?

Client Signature

I certify that the above information is true and correct to the best of my knowledge and understand that this information may be verified by authorized government officials.

Signature _____ Date: _____

Please Return this form to:

Dale Pemberton, STEPS Community Business Mentor
PO Box 902
Ovid, NY 14521
ATTN: Micro- Enterprise Program
or email to dale.pemberton@s2aynetwork.org

FOR OFFICE USE ONLY

Approved By:

Project Coordinator: _____ Date: _____

Business Mentor: _____ Date: _____

Supportive Signature 1: _____ Date: _____

Supportive Signature 2: _____ Date: _____