

APPLICATION FORM FOR PROSPECTIVE ENTREPRENEURS

Funded by a grant from the U.S. Department of Housing and Urban Development, the Niagara County Microenterprise Assistance Program is intended to provide participants with education, training, technical assistance, and capital, with the overall goal of creating viable and productive small businesses in Niagara County.

Prospective entrepreneurs must be at least 18 years of age and maintain a permanent residence in Niagara County. Pursuant to Federal requirements, the majority of participants must also be low or moderate income persons as defined by HUD. The income qualification information is on page 1 of the application form. ***All information provided as part of the application process will be maintained as confidential and will only be used by program staff for determining eligibility and appropriateness for participation.***

Those selected for the program will receive counseling with regard to appropriate business opportunities and will be required to attend a business training course currently expected to be held one weeknight per week for a 12-week period at Niagara County Community College. Each participant will be expected to develop a written business plan under the direction of a technical advisor. Upon completion of the training course and development of a viable business plan, participants will be eligible to apply for a loan from the Niagara County Industrial Development Agency's seed capital fund. Businesses developed by graduates of the Microenterprise Assistance Program will maintain a close relationship with program staff during the initial start-up period, and technical assistance will remain available for at least the first six months of operations. Successful participants will be encouraged to return to the program as instructors or mentors for future trainees.

Since funding is limited for this program, applicants will be selected based on a review of the application information and any follow-up interviews that may be conducted. Those applicants not selected will be informed in writing, and referrals for remedial training will be provided as appropriate. Applicants not selected for the program will be given priority consideration for future training sessions to be run by the County.

The information required by this application form will be used by program staff in selecting participants and to provide appropriate documentation with respect to Federal funding. Please provide complete answers to all questions and attach additional information as appropriate. This program seeks to provide entrepreneurship opportunities for persons who have the drive and ambition to become successful business persons, but who require training and assistance to achieve that goal. ***Applicants are encouraged to use this application form as a means of conveying the level of motivation, energy, capacity, and creativity which they will bring to the program.***

The Niagara County Microenterprise Assistance Program is being administered by the Niagara County Industrial Development Agency. Questions regarding the application process or other aspects of the program may be directed to the Niagara County IDA at (716) 278-8763. ***Completed applications should be returned either in person or by mail to:***

***Niagara County IDA
Attn: Barbara Gill, Administrative Coordinator
Phone: (716) 278-8763 Email: barb.gill@niagaracounty.com
6311 Inducon Corporate Drive, Suite One
Sanborn, NY 14132***

Each applicant with at least a 20% ownership of the applicant business must complete the following Sections A through F. Please make copies of the blank forms if there are multiple owners.

SECTION A. INCOME STATUS AND GENERAL INFORMATION

Name of Applicant: _____
 Address: _____ City: _____ Zip: _____
 Telephone:(h) _____ (w) _____ Soc. Sec. #: _____
 Cell Phone: _____

(circle)

1. Are you currently a permanent resident of Niagara County? Y N
2. Are you at least eighteen (18) years of age Y N
3. Are you currently unemployed? Y N
4. Are you currently receiving public assistance (welfare) Y N
5. Determine your family size by counting yourself and each family member who **currently** resides with you within the same housing unit and enter the number in the space provided. A family member is a person who is related to you by birth, marriage, or adoption. Next, total the income from all sources received during the last calendar year (January through December) by yourself and each member of your family who **currently** resides with you and check the box for the appropriate range.

What is the number of individuals in your household? _____	
Check household income level <input checked="" type="checkbox"/>	
Below \$37,700	<input type="checkbox"/>
\$37,700 - \$42,999	<input type="checkbox"/>
\$43,000 - \$48,499	<input type="checkbox"/>
\$48,500 - \$53,849	<input type="checkbox"/>
\$53,850 - \$58,199	<input type="checkbox"/>
\$58,200 - \$62,499	<input type="checkbox"/>
\$62,500 - \$66,799	<input type="checkbox"/>
\$66,800 - \$71,100	<input type="checkbox"/>
<input checked="" type="checkbox"/>	
Check if you are a female head of household	<input type="checkbox"/>
Check if you are a handicapped individual	<input type="checkbox"/>
Check if you are at least 65 years old	<input type="checkbox"/>
Check if you are currently unemployed	<input type="checkbox"/>

Ethnic Origin
 Check one (✓)

_____ White
 _____ Black/African American
 _____ Asian
 _____ American Indian/Alaskan Native
 _____ Native Hawaiian/Other Pacific Islander
 _____ American Indian/Alaskan Native & White
 _____ Asian and White
 _____ Black/African American & White
 _____ American Indian/Alaskan Native & Black
 _____ Other (specify: _____)

Also check the following box if applicable:
 _____ Hispanic (Spanish origin)

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(circle)

- | | | | |
|-----|---|---|---|
| 6. | Have you ever participated in the ownership of a business enterprise? | Y | N |
| 7. | Have you ever filed for personal bankruptcy? | Y | N |
| 8. | Are you currently delinquent in the payment of any State, Federal or municipal property or income tax obligation? | Y | N |
| 9. | Are there currently any unsatisfied judgments against you? | Y | N |
| 10. | Have you ever been convicted of a felony or had a civil judgment rendered against you? | Y | N |
| 11. | Have you ever been indicted or otherwise criminally or civilly charged by a government entity, federal, state or local? | Y | N |

If the answer to any of questions 7-11 is "yes", please provide additional comments and explanation below and on additional pages as necessary:

SECTION 2. EDUCATIONAL BACKGROUND

Highest educational level completed (circle one):

Under 8th grade 8 9 10 11 12 13 14 15 16 over 16

High School Attendance	
Name & Location:	Years Completed:
Name & Location:	Years Completed:
Activities, Interests, Awards, Etc.:	

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College/University Attendance	
Name & Location:	Years Completed:
Degree/Year Awarded/Major:	
Name & Location:	Years Completed:
Degree/Year Awarded/Major:	
Activities, Interests, Awards, Etc.:	

Vocational and Other Training	
Name & Location:	Length of Training:
Certificate/Year Awarded/Subject:	
Name & Location:	Length of Training:
Certificate/Year Awarded/Subject:	

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SECTION 3. EMPLOYMENT HISTORY

List most recent position first; attach additional pages as necessary.

Employer (Name, Address, Phone Number):

Position Title:

Time Period:

Supervisor/Contact Person:

Duties:

Employer (Name, Address, Phone Number):

Position Title:

Time Period:

Supervisor/Contact Person:

Duties:

Employer (Name, Address, Phone Number):

Position Title:

Time Period:

Supervisor/Contact Person:

Duties:

Employer (Name, Address, Phone Number):

Position Title:

Time Period:

Supervisor/Contact Person:

Duties:

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SECTION 5. SKILLS ASSESSMENT

Rate your skills and aptitudes in the following areas by circling L (low), M (medium), or H (high) as appropriate:

	Low	Medium	High
Written English language skills	L	M	H
Public speaking and presentation	L	M	H
Basic mathematics	L	M	H
Advanced mathematics	L	M	H
Computer skills	L	M	H
Personal interaction	L	M	H
Management/supervision	L	M	H

SECTION 6. CERTIFICATION AND ACKNOWLEDGEMENTS

I authorize the Niagara County Industrial Development Agency to make inquiries as necessary to confirm the accuracy of the statements made and to obtain a copy of my credit history. I certify that the information contained herein and in the attachments is true and accurate as of this date.

Signature of Applicant

Date