



READY, SET, GROW YOUR BUSINESS!

Brought to you by the Coachella Valley Women's Business Center

What is "READY, SET, GROW YOUR BUSINESS!"?

READY, SET, GROW YOUR BUSINESS! is an intense, strategic growth program with the goal of helping existing entrepreneurs take their business to the next level. Participants will attend a series of workshops, work individually with a business counselor, and write a strategic growth plan. This program is an outgrowth of the increasing number of entrepreneurs who find themselves stagnating after having established initial growth.

Who is eligible?

To be eligible you must live in Riverside or San Bernardino County and be in business. It is preferable, but not required, that participants have been in business for at least two years.

Investment:

The program is offered at minimal cost with investments starting at \$20 to \$125 depending on your income bracket. Program value is over \$500 for just the workshops, exclusive of the free counseling and mentoring. Income brackets are determined by the self-certification form included with the application. Your outlay for the program is due when you pick up your pre-orientation packet. Proof of income will be required. (Examples of proof of income include: tax returns, unemployment statements, or pay stubs).

How do you apply?

1. Complete this application.
2. Write a one page essay about your business, how it started, and where it is now.
4. Be available to attend orientation **July 6, 2016** from 5:30 p.m. to 7:30 p.m., and the midpoint on **August 8, 2016** from 5:30 p.m. to 7:30 p.m.
5. Submit the application packet to Kim Scanlan via email: kscanlan@cvwbc.org, or mail to 77806 Flora Road, Suite A, Palm Desert, CA 92211 by **Friday, July 1, 2016** before **5 p.m.**

For additional information call (760) 345-9200 or visit www.cvwbc.org. All applications **must be typed. Late or incomplete applications will **not** be accepted.

How are participants selected?

Judges will review all completed applications. An oral interview is required.

When will the selected participants be notified?

Program participants will be notified by phone or email no later than **July 5, 2016**.



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Application

DEADLINE: Friday, July 1, 2016 by 5 p.m.

No **late** or **incomplete** applications will be accepted.

First Name:		Last Name:		Middle Initial:
Address:				
Apt #:		City:	Zip Code:	
Phone:		Ext.:	Cell:	
Email:				
Are you available to attend orientation July 6, 2016 from 5:30 pm – 7:30 pm? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you available to attend the midpoint August 8, 2016 from 5:30 pm – 7:30 pm? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, for how long?			What were your annual sales in 2015?	
If you are in business less than two years, what is your prior work experience?				
When you started your business initially, did you write a business plan?				
Provide a brief description of the business you own:				
<p>* Referring to the attached self-certification form please check one:</p> <p><input type="checkbox"/> Extremely Low (Program Investment \$20) <input type="checkbox"/> Low (Program Investment \$30)</p> <p><input type="checkbox"/> Moderate (Program Investment \$75) <input type="checkbox"/> Above Moderate (Program Investment \$125)</p>				

*All information in this application including your income is confidential and will not be shared. Proof of income is required for individuals who qualify for the IYT program at reduced cost. Please send copies of the first two pages of your most recent tax returns or last two paycheck or unemployment check stubs to Kim Scanlan at kscanlan@cvwbc.org or by mail to 77806 Flora Road, Suite A, Palm Desert, CA 92211. For qualifying applicants, an application packet will be deemed as incomplete without this information. By submitting this application you are stating that you agree and will comply with all program requirements.

CDBG Public Service Intake Form

Name:	
Address:	
City:	Zip:
Age:	Date of Birth:

1. Head of Household: Male Female
2. Disabled Yes No
3. Number in Household: _____
4. List all members of your household, their relationship to you and their age:

Name:	Relationship to you and age:
_____	_____
_____	_____
_____	_____

5. On the line corresponding to your household size, please circle or highlight your annual income level (from all sources):

Household	Extremely-Low Income	Low Income	Moderate Income	Above Moderate
1	<input type="checkbox"/> \$13,450	<input type="checkbox"/> \$22,400	<input type="checkbox"/> \$35,800	<input type="checkbox"/> \$35,801 and up
2	<input type="checkbox"/> \$16,020	<input type="checkbox"/> \$25,600	<input type="checkbox"/> \$40,900	<input type="checkbox"/> \$40,901 and up
3	<input type="checkbox"/> \$20,160	<input type="checkbox"/> \$28,800	<input type="checkbox"/> \$46,000	<input type="checkbox"/> \$46,001 and up
4	<input type="checkbox"/> \$24,300	<input type="checkbox"/> \$31,950	<input type="checkbox"/> \$51,100	<input type="checkbox"/> \$51,101 and up
5	<input type="checkbox"/> \$28,440	<input type="checkbox"/> \$34,550	<input type="checkbox"/> \$55,200	<input type="checkbox"/> \$55,201 and up
6	<input type="checkbox"/> \$32,580	<input type="checkbox"/> \$37,100	<input type="checkbox"/> \$59,300	<input type="checkbox"/> \$59,301 and up
7	<input type="checkbox"/> \$36,730	<input type="checkbox"/> \$39,650	<input type="checkbox"/> \$63,400	<input type="checkbox"/> \$63,401 and up
8	<input type="checkbox"/> \$40,890	<input type="checkbox"/> \$42,200	<input type="checkbox"/> \$67,600	<input type="checkbox"/> \$67,601 and up
Investment	\$20	\$30	\$75	\$125

6. Ethnic Background: Hispanic Non-Hispanic

7. Racial Background (Check One):

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native & Black
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian & White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black & White
<input type="checkbox"/> Native Hawaiian /Pacific Islander	<input type="checkbox"/> Other Multi-Racial

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so.

Under the penalty of perjury, I certify that the above information is true and correct.

Applicant Signature:	Date:
Agency's Approval:	Date:

[Type text]

Essay: Describe your experience as a business owner, how you started and where you are now, and where you see yourself going.

[Empty text box for writing the essay]

[Type text]

[Type text]