

Application
Life's Work/Technical Assistance
The Partnership for Community Development

General Business Information

Name of Business:

Business Owner (s):

Business Address:

Business Phone Number:

Business Fax Number:

Email:

Website:

Number of years in Business:

Type of Business: Service Manufacturing Retail Agriculture Other

Business Form: Sole Proprietorship Partnership Corporation Other

Number of Employees: _____Full Time _____Part Time

Complete the following in space provided or attach a separate sheet, if not applicable please indicate N/A

1. Provide a brief history of your business. Include year started, highs and lows, employment pattern, significant growth or losses, sales history etc.

2. Describe the products/services that your business produces or sells.

3. What are the 3 greatest strengths of your business?

1.

2.

3.

4. What are the 3 biggest weaknesses of your business?

1.

2.

3.

5. What are your immediate and long term goals?(ie: Increase sales by __%, increase customer base by __, obtain financing to fund ____ etc.)

Immediate:

Long term:

6. What type of help from the Life's Work/Technical Assistance grant program would be of the most help to your business?

Marketing/Web Accounting Legal Other (Describe)

7. Do you have a current business plan? If yes, please provide a copy.

8. What area(s) of your business would you most like to change and what are the obstacles preventing this change?

9. What method do you currently use to keep your financial records for your business? (ie: an accountant does them, Quickbooks or other software program, ledger etc.)

10. Does your accounting or financial system need changes or improvements? If so, describe potential changes.

11. If you are planning on expanding your business, will you need financing to do so? Estimate what you will need and over what period of time and what it will be used for.

12. What equity have you already invested in the business? (this may include time/money/equipment etc.)

12. Who/what are your target markets?

13. What is your understanding of your competition? What makes your business stand out from similar businesses?

14. Why do your customers buy from you?

15. How would you like to change or increase your customer base? (ie: introduce new products/services, offer delivery, change hours of operation etc.)

16. Through what outlets do you currently advertise/market your business?

17. How would you like to change your marketing strategy to expand your business?

18. If you produce a product, is your production process efficient? What changes would you make if not?

19. Are you satisfied with the day to day operations of your business? What might you change to expand your business?

20. Do you anticipate any staffing changes as a result of business expansion or could current employees be used more efficiently or effectively?

21. The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applications on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino_____ Not Hispanic or Latino_____

Race: (Mark one or more) White_____ Black or African American_____
Asian_____ American Indian/Alaska Native_____
Native Hawaiian or Pacific Islander_____

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with USDA, Director, Office of Civil Rights, Washington, DC 20250