

Date form was completed _____

PROGRAM PROFILE

PAGE 1 of 3

Name _____ Gender (M or F) _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip)

Social Security Number: _____ DOB ____/____/____

Home Phone:(_____) _____ Cell Phone:(_____) _____

E-mail address _____

Driver's License Number _____ State _____ Expiration Date ____/____/____

Do you own/rent your home/apartment? ____ If own, how many years ____ Current market value _____

EDUCATION

12th grade or lower _____ (Last grade completed) _____ HS Grad/GED _____ Some College _____
2-Year degree _____ 4-Year Degree _____ Masters or Above Degree _____

Are you in the process of completing your GED or High School equivalent? (Y or N) _____

Are you in the process of completing your college Degree? (Y or N) _____ 2-Year _____ 4-Year _____

Are you a 1st or 2nd generation college graduate? (1st or 2nd)

HOUSEHOLD INFORMATION

Marital Status: ____ Single ____ Married ____ Separated ____ Divorced ____ Widowed

Female Head of Household (Y or N)

Total Household Size: _____ (Identify number per the following categories)

Adults:____ Children:____ Males:____ Females:____ Elementary School Age Children:____ Grade level(s)_____

Annual Household Income: \$ _____ (Proof of household income must be provided)

Do you currently receive public assistance or social service benefits? (Y or N) ____

Describe: _____

Have you been a (welfare/AFDC/TANF) recipient in the past 5 years? (Y or N) ____

If yes, beginning:_____ ending:_____ type:_____

Do you have health insurance? (Y or N) If yes, provided by _____

Last year you filed your personal a personal tax return? (Y or N) ____

PROGRAM PROFILE

EMPLOYMENT INFORMATION

Employed by an Employer?: Yes No (Full Part-time) Employer _____ Yrs _____

Work Phone (_____) _____ ext. _____

Second Job? Yes No (Full Part-time) Employer _____ Yrs _____

Are you Self-employed?: Yes No (Full Part-time) Start Date _____

Your self-employed address:

Address: _____
(Street) (City) (State) (Zip)

Seeking Employment? (Y or N) Area or Field of focus _____

DEMOGRAPHIC INFORMATION

Are you a citizen of the United States? Yes No Veteran? Yes No
Currently Active? Yes No

Are you Disabled? Yes No

If yes, please explain: _____

Ethnicity: Hispanic - Yes / No

Race Category: Black/African American White American Indian/Alaska Native Asian American

Native Hawaiian/Other Pacific Islander Other Multi-Racial

Are you from Cincinnati? Yes No How many years have you lived in Cincinnati? _____

Are either of your parents Entrepreneurs/Small Business owner(s)? Yes No Type _____

Do you have:

Face Book account? Yes No

LinkedIn account? Yes No

Twitter account? Yes No

Instagram account? Yes No

Other Social Media accounts? Yes No What Kind? _____

How often do you use Microsoft Excel?

Once a month? Four times a Month (or more) ? Do not use excel? Never used Excel

How did you hear about GCMi? Friend/Relative Business Event Internet Facebook

Other Social Media (What?) Brochure/flyer Newspaper

CAA AACC Urban League HCDC Other

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BUSINESS OVERVIEW

Specify the Stage of Your Business

Exploratory/Planning Stage: _____

Start-up (New or under 12 months): _____

Existing (Over 13 months): _____

Business Owned by:

Male: _____ Female: _____ Joint: _____

Registered Business: Yes _____ No _____

Business Tax ID #: _____

Business Name: _____ Phone Number: (____) _____

Address: _____
(Street) (City) (State) (Zip)

Home Based Business? Yes _____ No _____ Business Website _____

Business Description: _____

Legal Status: LLC _____ Sole Proprietorship _____ Corp S _____ Corp C _____ Partnership _____ Other _____

Type of Business: Service _____ Retail _____ Wholesale _____ Technology _____ Other _____

If Other, please describe: _____

Date Founded: _____ Number of Employees: FT _____ PT _____ (including yourself)

Are you working FT or PT in this business? FT _____ PT _____ N/A _____ (check one)

How do you currently track your Business Financial information?

QuickBooks _____ Excel _____ Quicken _____ Personal ledger _____ Only when I file my taxes _____

Do you have a(n): Accountant? _____ Tax Preparer? _____ Bookkeeper? _____

How much total gross revenue did your business earn in the past 12 months?: \$ _____

CERTIFICATION STATEMENT

I certify that the information I have provided is true and accurate. All of the information provided on this form can be used by the Greater Cincinnati Microenterprise Initiative (GCMi) for tracking and reporting to GCMi funders and designated partners.

Signature: _____ Date _____

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GREATER CINCINNATI MICROENTERPRISE INITIATIVE Participation Agreement

GCM is designed to assist you in starting your own business or to help you strengthen an existing business. We will help you decide if self-employment is the right career decision for you and will help you build your business step by step through a combination of classroom participation, business education classes, assistance in identifying funding sources, loan monitoring, and general and individualized technical assistance.

Description of Services:

Entrepreneurial Training Academy (ETA): The purpose of the course is to prepare entrepreneurs with basic training to prepare them to manage and operate a Microenterprise or small business. Upon completion of the course, each participant is expected to have a completed business plan. The curriculum also includes an overview of the challenges and financial commitment needed for business start-up and a self-assessment component to help you analyze your personal background, behavior patterns and lifestyles in comparison to those of successful small business owners.

Business Education Classes (BEC): These classes are designed to provide additional support and training for any entrepreneur or small business owner. From Selling for Entrepreneurs to QuickBooks training to E-commerce, these courses will benefit your growth and development as a business owner.

Assistance in identifying funding sources: The GCM business coaches and Staff will assist you in identifying potential funding sources for your business start-up or expansion. Services Include: loan packaging assistance, applying for a loan with GCM's loan fund, as well as assistance identifying other private and public loan funds that have a special emphasis on Microenterprise.

Reporting: GCM is funded through Federal, State, Local Government Municipalities as well as Public and Private Agency donations that require tracking and disclosure. You are required to participate in general reporting through GCM. This reporting will not affect any discrimination of services from GCM once accepted into GCM services and programs.

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Loan Monitoring: As a GCMi participant you agree to ongoing technical assistance and loan monitoring designed to help you maintain a successful business. Ongoing loan monitoring include: Monthly site visits to your establishment, compliance with all ongoing financial reporting, adherences to recommendations made by GCMi business coach.

General and Technical Assistance/One on One Business Coaching: A GCMi Business Coach will meet with you regularly and help you execute your business plan. Together you will develop benchmarks and timelines to help make your business successful. The Business Coach is there as a point of reference and support for your business questions and needs.

Fees:

As a GCMi participant you agree to pay any and all applicable program fees and out of pocket cost prior to receiving services from GCMi. Classroom fees should be paid at orientation and/or prior to the first classroom session and are not refundable once materials have been distributed. GCMi will provide to you a fee schedule in effect at the time of signing this agreement.

I, understand that by signing this agreement I acknowledge that I have read and understand its contents. Further I understand the services and program expectations of GCMi and agree to comply with all GCMi policies and program requirements. Also, in signing I agree to allow GCMi to perform any necessary background checks to verify any information supplied by me, for entrance into GCMi's program.

Printed Name

Participant Signature

Date

GCMi Staff/Business Coach

Date

RELEASE STATEMENT

I hereby assign all rights and release from liability the Greater Cincinnati Microenterprise Initiative, Inc. for the recording, reproduction, exhibition, telecasting, print and distribution of my visual image, voice, name of my business and related information for media usage.

Participant Signature

Date