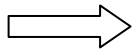


# Glenn County Human Resource Agency- Business Services Office

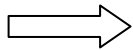
## Application Packet for Microenterprise Assistance Project (FY 2007/2008)

*Direct microenterprise technical assistance is being provided by West Company*

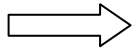
### **Checklist:**



Sign and date all forms



Attach copies of income verification (e.g. tax returns, Passport to Services,  
3 current paycheck stubs from all wage-earners in the home and/or bank statements showing earnings  
from all members of the household)



**Questions? Please call Yassi Lam at (530) 934-1494**

Funding provided by the State of California Department of Housing and Community Development Block Grant Program and the County of Glenn Human Resource Agency.

### **PROGRAM ELIGIBILITY GUIDELINES**

#### **2008 Household Income Limits**

Circle the Appropriate Household Size and Income Level

| <b>Household Size</b> | <b>Level I</b> | <b>Level II</b> | <b>Level II</b> |
|-----------------------|----------------|-----------------|-----------------|
| 1 person              | Up to \$18,850 | Up to \$22,620  | Up to \$30,150  |
| 2 people              | Up to \$21,500 | Up to \$25,800  | Up to \$34,450  |
| 3 people              | Up to \$24,200 | Up to \$29,040  | Up to \$38,750  |
| 4 people              | Up to \$26,900 | Up to \$32,280  | Up to \$43,050  |
| 5 people              | Up to \$29,050 | Up to \$34,860  | Up to \$46,500  |
| 6 people              | Up to \$31,200 | Up to \$37,440  | Up to \$49,950  |
| 7 people              | Up to \$33,350 | Up to \$40,020  | Up to \$53,400  |
| 8 people              | Up to \$35,500 | Up to \$42,600  | Up to \$56,850  |

Income documentation may include 1040 tax return and Schedule C, Passport to Services, Disability Award Letter, etc.

Funding provided by the State of California Department of Housing and Community Development Block Grant Program and the County of Glenn Human Resource Agency.

**GLENN COUNTY HUMAN RESOURCE AGENCY**  
**MICROENTERPRISE ASSISTANCE PROJECT**  
**CLIENT APPLICATION**

Client ID# \_\_\_\_\_  
Income Level \_\_\_\_\_

|  |   |  |  |   |   |
|--|---|--|--|---|---|
| Last Name  |   | First Name   |  | MI  | Date of Birth   |
| Mailing Address  |   | City   | State  | Zip   |   |
| Residence Address  |   | City   | State  | Zip   | Residence within City limits?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Home Phone   | Daytime Phone   | Cell Phone   |  | Email   |   |
| Social Security Number   | Gender<br>Female <input type="checkbox"/> Male <input type="checkbox"/> |  | Veteran Status<br>Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/><br>Service Connected Disability <input type="checkbox"/> |   |   |
| Name and Telephone Number of Emergency Contact(s)  |   |  |  |   |   |
| 1.   |   |  |  |   |   |
| 2.   |   |  |  |   |   |
| <b>Household Information</b>   |   |  |  |   |   |
| Do you file your taxes as "Head of Household"?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Total # in Household: _____.<br><br>Child's Name      DOB<br>_____<br>_____<br>_____<br>_____  |   | Do you acknowledge having a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Have you received TANF/CalWORKS in the last year?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Have you received TANF/CalWORKS in the last 2 years?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Are you currently receiving TANF/CalWORKS?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Date started: _____ Date ended: _____<br><br>CalWORKS Contact Person: _____ |  | Marital Status:<br><br><input type="checkbox"/> Married (living w/spouse)<br><br><input type="checkbox"/> Married (living separately)<br><br><input type="checkbox"/> Divorced<br><br><input type="checkbox"/> Never Married<br><br><input type="checkbox"/> Unmarried living w/ partner<br><br><input type="checkbox"/> Widow/Widower  |   |
| <b>Education</b>   |   |  | <b>Race/Ethnicity (Please check all that apply)</b>  |   |   |
| <input type="checkbox"/> Less than High School<br><input type="checkbox"/> High School/GED<br><input type="checkbox"/> Some college<br><input type="checkbox"/> College AA/AS  |   | <input type="checkbox"/> College BA/BS<br><input type="checkbox"/> Graduate degree<br><input type="checkbox"/> Vocational school<br><input type="checkbox"/> Other _____   |  | <input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Hawaiian Native/Pacific Islander<br><input type="checkbox"/> Asian <input type="checkbox"/> African American/Black<br><input type="checkbox"/> White <input type="checkbox"/> Other Multi-Racial<br><input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Decline to state |   |
| <b>Employment Information</b>  |   |  |  |   |   |
| Employment Status:<br><input type="checkbox"/> FT Self-Employed <input type="checkbox"/> FT Employed <input type="checkbox"/> Unemployed (more than 6 months) <input type="checkbox"/> Seasonal Employment<br><input type="checkbox"/> PT Self-Employed <input type="checkbox"/> PT Employed <input type="checkbox"/> Unemployed (less than 6 months) <input type="checkbox"/> Retired |   |  |  |   |   |
| <b>Income Information</b>  |   |  | <b>Personal Monthly Gross Income Breakdown</b>   |   |   |

|  |   |                     |
|--|---|---------------------|
| <b>Personal</b> Monthly Gross Income: \$ _____.<br><b>Household</b> Monthly Gross Income: \$ _____.<br><b>Household Annual</b> Gross Income: \$ _____.<br><i>Last Year's Annual Gross Income:</i> \$ _____.<br>"Adjusted Gross Income" from last year's tax return (1040 form)   | Salary/Wages:   | TANF/CalWORKS:      |
|  | Self Employ Inc:  | Food Stamps:        |
|  | Unemployment:   | GR/GA:              |
|  | Spousal Support:  | SSI/SSA/SSR:        |
|  | Child Support:  | Housing Assist:     |
|  | Worker's Comp:  | Disability:         |
|  | Veteran's Benefits:   | Retirement/Pension: |
| Do you or anyone in your family possess income-producing assets or assets on deposit in a bank/trust/market account?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide details: _____  | School Financial Aid:   | Other:              |
| <b>Insurance Information</b>   |   |                     |
| Do you have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Type:<br><input type="checkbox"/> Public/MediCal <input type="checkbox"/> Spouse's Employer <input type="checkbox"/> Employer<br><input type="checkbox"/> Private<br><br>Do your children have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Type:<br><input type="checkbox"/> Public/MediCal <input type="checkbox"/> Spouse's Employer <input type="checkbox"/> Employer<br><input type="checkbox"/> Private   | <b>Business Information</b><br><br>Do you currently own a business? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, have you in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Have you ever written a Business Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Where do you do your banking? _____ |                     |
| <b>Marketing Information</b>   |   |                     |
| How did you hear about the Glenn County Microenterprise Assistance Project?<br><input type="checkbox"/> Client (enrolled in the Project) <input type="checkbox"/> Educational Institution<br><input type="checkbox"/> Flyer/Brochure/Newspaper/Media <input type="checkbox"/> Glenn County Human Resource Agency (including STEP workshop)<br><input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other: _____   |   |                     |
| May we use your email address to communicate with you? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>May the Glenn County Human Resource Agency use your name for promotional purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |                     |
| Other information/demographics/data elements (list here):<br><br><br><br><br>  |   |                     |
| <ol style="list-style-type: none"> <li><i>The information collected in this application is used for evaluation purposes and is required by funders/sponsors.</i></li> <li><i>I understand that the information I have provided about my income is subject to verification by authorized representatives of the County of Glenn, the State of California Department of Housing and Community Development (HCD), and the United States Department of Housing and Urban Development (HUD).</i></li> <li><i>Direct microenterprise technical assistance is being provided by <a href="#">West Company</a></i></li> </ol> |   |                     |
| <b>Signature:</b>  |   | <b>Date:</b>        |

**GLENN COUNTY HUMAN RESOURCE AGENCY**  
**MICROENTERPRISE ASSISTANCE PROJECT**  
**BUSINESS APPLICATION**

Client ID# \_\_\_\_\_  
Income Level \_\_\_\_\_

|  |   |                |  |  |      |
|--|---|----------------|--|--|------|
| Last Name  |   | First Name     |  | MI   |      |
| Home Address   |   | City           |  | State Zip  |      |
| Home Phone   |   |                | Cell Phone   |  |      |
| Business Name  |   | Business Phone |  | Business Fax   |      |
| Business Address   |   | City           |  | State Zip In Business since?   |      |
| E-mail Address   |   | Web Address    |  | Is your business inside city limits?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |      |
| <b>Business Partner Information</b>  |   |                | <b>Partner Information</b>   |  |      |
| Is this business a partnership?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Type of partnership?<br><br><input type="checkbox"/> Legal <input type="checkbox"/> Informal<br><input type="checkbox"/> Limited Liability (LLC)  | First Name:                                       |                | Last Name:   |  |      |
|  | Home Address:                                     |                |  |  |      |
|  | City:   |                | State:   |  | Zip: |
|  | Home Phone:                                       |                | Cell Phone:  |  |      |
|  | Day/Work Phone:<br>Fax #:<br>E-mail:<br>Web Site: |                |  |  |      |
| <b>Business Features</b>   |   |                |  |  |      |
| PRE START-UP (NASCENT BUSINESS) <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Is this a Home-Based Business? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Is this a Woman-Owned Business? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Is this a Veteran-Owned Business? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Is this a Web-Based Business? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Is this a Minority-Owned Business? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                | Do you have any of the following?<br>(please check all that apply)   |  |      |
| Race/Ethnicity (please mark all that apply)<br><input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Hawaiian Native/Pacific Islander<br><input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> White<br><input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Decline to state  |   |                | <input type="checkbox"/> Business License<br><input type="checkbox"/> Sellers Permit / Resale Number<br><input type="checkbox"/> Registered DBA / Fictitious Business Name<br><input type="checkbox"/> Registered D&B DUNS# _____<br><input type="checkbox"/> Certified with SBA    Type: _____<br><input type="checkbox"/> Patent<br><input type="checkbox"/> Trademark<br><input type="checkbox"/> Copyright<br><input type="checkbox"/> Complete Business Plan    Last Revision: _____<br><input type="checkbox"/> Complete Marketing Plan    Last Revision: _____<br><input type="checkbox"/> Current Financials |  |      |
| Are you engaged in import/export trade? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Is this business Full-time or Part-time?<br><input type="checkbox"/> Seasonal <input type="checkbox"/> FT<br><input type="checkbox"/> PT (# of hours you work for your own business per month: _____ )   |   |                |  |  |      |

|  |  |   |  |
|--|--|---|--|
| <p><b>Business Form:</b></p> <input type="checkbox"/> Sole Proprietor<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> S-Corporation<br><input type="checkbox"/> Limited Liability Company (LLC)<br><input type="checkbox"/> Non-Profit Organization<br><input type="checkbox"/> Undetermined | <p><b>Business Type (industry classification):</b></p> <input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting<br><input type="checkbox"/> Arts, Entertainment, and Recreation<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Educational Services<br><input type="checkbox"/> Finance and Insurance<br><input type="checkbox"/> Health Care and Social Assistance<br><input type="checkbox"/> Information<br><input type="checkbox"/> Surplus Dealer<br><input type="checkbox"/> Other Services ( <i>specify</i> ) _____<br><input type="checkbox"/> Unclassified Establishment | <input type="checkbox"/> Management of Companies<br><input type="checkbox"/> Manufacturing/Production<br><input type="checkbox"/> Mining<br><input type="checkbox"/> Professional Services<br><input type="checkbox"/> Public Administration<br><input type="checkbox"/> Real Estate Rental and Leasing<br><input type="checkbox"/> Retail Trade<br><input type="checkbox"/> Research and Development | <input type="checkbox"/> Transportation<br><input type="checkbox"/> Utilities<br><input type="checkbox"/> Waste and Remediation<br><input type="checkbox"/> Wholesale Trade<br><input type="checkbox"/> Food Service |
|--|--|---|--|

**Business Income**

Last year's gross sales: \$ \_\_\_\_\_ Does your business provide:  Supplementary Income  Sole Source of Income  
Net profit / loss: \$ \_\_\_\_\_ What is your income goal?  Supplementary Income  Sole Source of Income

In the last year, did your business provide for an owner's draw?  Yes  No Annual owner's draw amount: \$ \_\_\_\_\_

**Employee Information**

Do you have employees?  Yes  No  
If yes, total number of employees in last 12 months: Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Seasonal/Temp: \_\_\_\_\_

Within the last two years, have any of the employees of your business received TANF?  Yes  No How Many? \_\_\_\_\_  
Within the last year, has your business hired anyone receiving TANF?  Yes  No How Many? \_\_\_\_\_

Do you provide health care benefits to your employees?  No  Yes  
Number of employees receiving employer health benefits: \_\_\_\_\_

How did you hear about the Glenn County Microenterprise Assistance Project?

May we use your email address to communicate with you?  Yes  No  
May the Glenn County Human Resource Agency use your name for promotional purposes?  Yes  No

**Other information/demographics/data elements (list here):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. *The information collected in this application is used for evaluation purposes and is required by funders/sponsors.*
5. *I understand that the information I have provided about my income is subject to verification by authorized representatives of the County of Glenn, the State of California Department of Housing and Community Development (HCD), and the United States Department of Housing and Urban Development (HUD).*
6. *Direct microenterprise technical assistance is being provided by [West Company](#)*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# BUSINESS ASSESSMENT QUESTIONNAIRE

|                    |       |
|--------------------|-------|
| First & Last Name: | Date: |
|--------------------|-------|

*Thank you for your interest in the **GLENN COUNTY MICROENTERPRISE ASSISTANCE PROJECT**. (Direct microenterprise technical assistance is being provided by [West Company](#)) Please answer the following questions as completely and clearly as possible. The information you give will help us assess your business idea and refer you to the appropriate services. Thank you.*

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**Explain your business/business idea** \_\_\_\_\_

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Have you saved any money for your business venture?  No  Yes If yes, how much? \_\_\_\_\_

What are your financing needs? \_\_\_\_\_

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**Choose which is applicable and then use the space below to elaborate:**

Starting a business: 1) What research have you performed? 2) What have you accomplished towards your goal?

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If already in business, give a brief history of your business.

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If already in business, give a brief history of your business (continued)

Date Business Established (Month/ Year) \_\_\_\_\_

Annual Sales \$ \_\_\_\_\_

Not counting owner(s) please provide number of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_.

Do you provide health care benefits to your employees?  No  Yes

Total # of hours you work for your own business per month \_\_\_\_\_

Were you or any of your employees unemployed before working for this business?  No  Yes

If Yes, Number of people unemployed \_\_\_\_\_

If buying/selling a business, what steps have you taken towards the purchase/sale of the business?

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**What services are you requesting from the Glenn County Human Resource Agency-Business Services?**

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**What are your business goals for:**

Initial meeting \_\_\_\_\_

1 Month from Now \_\_\_\_\_

6 Months from Now \_\_\_\_\_

1 Year from Now \_\_\_\_\_

5 Years from Now \_\_\_\_\_

**Comments:**

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