

Small Business Management Program

Forest Grove SBM Grant Application



A place where businesses and families thrive.

Small Business Development Center at the CLIMB Center, Portland Community College

Eligibility for Forest Grove SBM 1 Training Grants:

Minimum Requirements: 1. Business established 1-3 years, minimum of one year; 2. Have 1-5 employees, including yourself; 3. Business is located in Forest Grove (Home Occupancy businesses are also eligible); 4. Have a current Forest Grove Business License.

Selection Process: Applications will be scored and ranked based on answers to essay questions and economic hardship. **Return by Monday, June 11, 2012**

About You & Your Business

Business Name			
Address			
City		State	Zip
Mailing Address (<i>if different from above</i>)			
Telephone/Fax			
<i>Office</i>	<i>Cell</i>	<i>Fax</i>	
Contact Information			
<i>Your Name</i>		<i>Title</i>	
<i>Telephone</i>		<i>Email Address</i>	

Entity Type/Legal Structure	
<input type="checkbox"/> Sole Proprietor/ABN <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Other	
Ownership	
% Female Ownership _____	
State(s) Registered	<input type="checkbox"/> Oregon <input type="checkbox"/> Washington <input type="checkbox"/> Other _____
Business Start Date	
When did you start your business? _____ (mm/dd/yyyy)	
License Information	
Do you have a City of Forest Grove Business License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered Yes, please list your business license number: _____	
If you answered No, did you file for an Exemption from the license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family & Income	
Please fill in the information below for <u>all persons related to you by blood or marriage in the household.</u>	
# of People in Household, including Yourself: _____	
Total Household Annual Income (before taxes) \$ _____	
Type of Business	
NAICS Code (if known): _____	
What kind of business do you have?	
<input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting(11) <input type="checkbox"/> Mining(21) <input type="checkbox"/> Construction(23) <input type="checkbox"/> Manufacturing (31-33) <input type="checkbox"/> Utilities(22) <input type="checkbox"/> Transportation and Warehousing(48-49) <input type="checkbox"/> Wholesale Trade(42) <input type="checkbox"/> Retail Trade(44-45) <input type="checkbox"/> Health Care and Social Assistance(62) <input type="checkbox"/> Other Services, except Public Administration(81) <input type="checkbox"/> Management of Companies and Enterprises(55)	<input type="checkbox"/> Accommodation and Food Services(72) <input type="checkbox"/> Finance and Insurance(52) <input type="checkbox"/> Real Estate and Rental and Leasing(53) <input type="checkbox"/> Information(51) <input type="checkbox"/> Professional, Scientific and Technical Services(54) <input type="checkbox"/> Administrative Support; Waste Management and Remediation Services(56) <input type="checkbox"/> Educational Services(61) <input type="checkbox"/> Arts, Entertainment and Recreation(71) <input type="checkbox"/> Public Administration(92)
Number of Employees (Year-to-Date 2012)	
Full-Time (including owner): _____ Part-Time: _____	
Payroll	
What is the total payroll for all employees (excluding you) in 2011?	
\$ _____	

Sales
What is the company's total gross sales in 2011 \$ _____
Demographic Information
<i>Race</i>
<input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Other (<i>specify</i>): _____
<i>Gender</i>
<input type="checkbox"/> Male <input type="checkbox"/> Female
<i>Ethnicity</i>
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
<i>Disabled</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>8(a) Certified</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Veteran Status</i>
<input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Connected Disabled Veteran
<i>Military Status</i>
<input type="checkbox"/> Non-Military <input type="checkbox"/> Reserve/National Guard <input type="checkbox"/> On Active Duty

Essay Questions

You may use extra pages if you wish

1. Describe your business – give a short history and background.

