



CALIFORNIA  
**SBDC**

Northern CA Regional Network

Small Business  
Development Center  
North Coast

**Application Due Date: 4/26/2010**

C/O NCSBDC  
225 H Street, Crescent City, CA 95531  
464-2168/ clemons@northcoastsbdc.org

### Application for Art Salon One

*The personal and business information collected here is for use by our business counselors to help support your endeavor and/or required by our program funding sources to qualify participants to the program*

*. Please note: all information requested on this application form will be kept confidential within the North Coast Small Business Resource Center and the County and State Funders who support this program.*

**Application for this Program requires the following THREE FORMS be completed:**

- 1. Program Application (this form)**
- 2. Request for Services**
- 3. Micro-Enterprise Assistance Application**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Describe your business, or business idea, with details about your product or services: \_\_\_\_\_

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2. What would you consider your biggest challenge to date with your business: \_\_\_\_\_

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3. What would you consider your greatest accomplishment to date with your business: \_\_\_\_\_

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4. Describe any projects/goals/needs for your business that you are working on: \_\_\_\_\_

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5. Check box if you have any of the following for your business:

- Business Plan – completed date \_\_\_\_\_
- Financial Plan – completed date \_\_\_\_\_
- Marketing Plan – completed date \_\_\_\_\_
- Loan from Bank or Other financial institution
- Marketing material – flier, brochure, website, product specs
- Advertising – in what media \_\_\_\_\_
- Bookkeeper or Accountant or Other \_\_\_\_\_
- Mentor (someone who you turn to for advice)
- Investor (private individual, including family, friend, or other business investor)
- Business Agent or Product Representative

6. Have you attended any of the NCSBDC's Business Basic Workshops? \_\_\_\_\_ If so, which?

\_\_\_ Start-up Basics \_\_\_ Financial Basics \_\_\_ Marketing \_\_\_ Business Plan Basics \_\_\_ Books & Records

7. Describe your interest in participating in this program: \_\_\_\_\_

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8. Are there any other thoughts/considerations you want to add? \_\_\_\_\_

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**Applicant Certification**

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge.

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

**For Office Use Only**

Date received: \_\_\_\_\_ App reviewed by: \_\_\_\_\_ Accepted? Y / N Start date: \_\_\_\_\_

Application complete Paper file established Interview scheduled: \_\_\_\_\_ WebCATS data entered