



**CALIFORNIA
SBDC**

Northern CA Regional Network

Small Business
Development Center
North Coast

Application Due Date: 7/02/2010

C/O NCSBDC
520 E Street, Eureka, CA 95503
445-9612/ hartwell@northcoastsbdc.org

Application for Film and Digital Media as Business Flight

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: _____

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

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

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:_____

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

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