



Small Business
Development Center
North Coast

North Coast SBDC, Attn: Chelsea Cough
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Application for Participation – Eel River Valley Prosperity Scholarship/Microenterprise Flight

Please note: all information requested on this application form will be kept confidential within the North Coast Small Business Resource Center and County of Humboldt Office of Economic Development sponsors and partners. Information collected here is necessary for program fit and evaluation purposes.

Please attach the following documents along with this application:

- 1. North Coast SBDC Request for Services**
- 2. North Coast SBDC Micro-Enterprise Assistance Application**
- 3. AEDC Application Packet**

Your Name: _____ Date: _____

1. Describe your business or business idea with details about your product or services: _____

2. What is the biggest challenge to date with starting or running your business: _____

3. What is your greatest accomplishment to date with your business: _____

4. Describe any business projects/goals that you are working on: _____

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 media
- Bookkeeper or Accountant or Other _____
- Mentor (someone who you turn to for advice)
- Investor (private individual)
- Business Agent or Product Representative

6. Have you attended any of the SBDC Business Basic workshops? _____ Which ones?
___ Start-up Basics ___ Financial Basics ___ Marketing ___ Business Plan Basics ___ Bookkeeping

7. Number of hours *per week* you work in your business: _____

8. Do you have other work or school commitments? _____ Number of hours *per week* _____

9. In order to participate, do you need assistance with travel? _____, or child care? _____
(The program does allow for some assistance with these costs – ask for further details.)

10. Describe your interest in participating in this program: _____

11. Describe the current needs of your business: _____

12. Are there any other considerations you want to add? _____

Applicant Certification

I certify that all information provided on this application is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

<i>For NCSBRC Office Use Only</i>	
Date received: _____	Application reviewed by: _____
Application complete	
Interview scheduled: _____	Participant accepted—start date: _____
Paper file established	
Data entered in WebCATS	