Goldman Sachs 10,000 small businesses

LaGuardia Community College
***10,000 Small Businesses* Application**

ELIGIBILITY CHECKLIST

Thank you for your interest in the *10,000 Small Businesses* program! *10,000 Small Businesses* helps entrepreneurs learn valuable skills that drive results.

Please use this checklist to determine if this program may be right for you. Answering no to any of these statements will not necessarily disqualify you for the program. Exceptions to the eligibility criteria may be considered in cases where the owner and/or business demonstrate substantial opportunities for growth.

YES	NO	
❒	❒	I am the owner or co-owner of a small business.
❒	❒	I am a key decision-maker of the business.
❒	❒	My business serves as my primary occupation and source of income.
❒	❒	My business earns annual revenues between $150,000 and $4 million.
❒	❒	My business has at least four employees (including myself).
❒	❒	My business has been in operation for two years or more.
❒	❒	I am committed to growing my business over the next few years.
❒	❒	It would be difficult for me to participate in this program without financial assistance.
❒	❒	My business does not have tax, legal or other significant burdens that would restrict its growth.
❒	❒	My business is registered with the state and that registration is up to date.
❒	❒	I am willing to commit to all the day-long classes required to complete this program.
❒	❒	I am willing to participate in approximately 6-8 hours per week of activities outside of the classroom.
❒	❒	I am willing to complete a growth plan prior to the last class.
❒	❒	If selected for an interview, I will make myself available.
❒	❒	I acknowledge that acceptance into the education program does not constitute acceptance into the capital access component of the program.

Please note:

- *All personal and financial information provided in this application will remain strictly confidential and used solely for the purpose of determining program eligibility and support.*
- *The* 10,000 Small Businesses *initiative will provide funding to allow LaGuardia Community College to cover the cost of program materials and tuition for any admitted participants.*
- *Only one owner from a company can apply for the program.*
- *Acceptance into the LaGuardia Community College program does not in any way constitute acceptance for capital access program that may be offered through the* 10,000 Small Businesses *initiative.*
- *Completing this application form does not guarantee admission to the program.*

APPLICATION

Please provide background information:

Family Name (Last Name):	Prior Family Name (if any):	First Name:	Preferred Name:	❒ Male ❒ Female

Company Name:	Job Title:
d/b/a, if relevant:	Website:
Company (*Physical*) Address:	Are you the primary owner (or co-owner) of the business? ❒ **YES** ❒ **NO** Is this a family-run business? ❒ **YES** ❒ **NO** Is the business your primary source of income? ❒ **YES** ❒ **NO**

Home Address:	Work Phone: Cell Phone: Email:	Check organization type ❒ S-Corporation ❒ C-Corporation ❒ Sole Proprietorship ❒ Partnership ❒ LLC ❒ 501(c)3 ❒ Other: _____

1. a) How did you hear about the *10,000 Small Businesses* program? (*Please check off all that apply*)
   - ❒ Program Alumni
   - ❒ Business Association or Certification Organization
   - ❒ CDFI or Financial Institution
   - ❒ Chamber of Commerce
   - ❒ Government or City Organization
   - ❒ Government Technical Assistance Center
   - ❒ Community College
   - ❒ Media (Radio, TV, Print)
   - ❒ Nonprofit Community Development Organization
   - ❒ Small Business Development Center
   - ❒ Other _____

   b) Please list the specific source(s): _____

2. Have you applied for the *10,000 Small Businesses* program before? *(If yes, please see question #20 to share any relevant changes to your business since your last application.)* YES ❒ NO ❒

COMPANY INFORMATION

3. a) Year business was founded: _____
   b) If you did not found the business, year you acquired ownership of the business: _____
   c) What percentage of the business do you own? _____%

4. a) Please briefly describe the products or services your business offers:

b) Please report your 4-digit NAICS Industry Code, if known): _____

5. Please list the size of your employee base (**including yourself**) over the past 5 years in terms of number of employees. This includes salaried, hourly and contractors. (Contractors are defined as people who work for or own another business that is providing you with products or services.) **Please count all employees only once.**

	2012 (most recent quarter)	**2011 (Calendar Year End)**	**2010 (Calendar Year End)**	**2009 (Calendar Year End)**	**2008 (Calendar Year End)**
# of **Full-Time** employees					
# of **Part-Time** employees					
Temporary Employees / Independent Contractors (1099 employees)					

6. Please list your gross **revenues** ("Gross receipts or sales" as stated in your annual federal business tax returns) over the past 5 years. Do not list net income.

	2012 (Year-to-Date)	**2012 (Projected Year End)**	**2011 (Calendar Year End)**	**2010 (Calendar Year End)**	**2009 (Calendar Year End)**	**2008 (Calendar Year End)**
Gross Revenue ($)						

CUSTOMERS AND COMPETITORS

7. Please describe your primary customers. Do any individual customers or contracts represent 50% or greater of your revenues? If yes, which ones and what % do they represent?

8. How do you differentiate your business from your competition?

BUSINESS OWNER BACKGROUND

9. Please provide the following information regarding your education history (e.g. high school, certificate, college, masters, business training, etc.):

DEGREE	INSTITUTION (including State, Country)	SPECIALIZATION	DATES	COMPLETED?

10. a) How many people live in your household (including yourself)? ☐

    b) What is your annual household income (aggregate income from all household occupants)? $ ☐

    c) Do you generate income from sources other than your primary business? YES ☐ NO ☐

11. a) Have you started businesses prior to your current company? ☐ ☐

    b) If yes, please describe the prior business(es) in the table below.

COMPANY NAME	BRIEF DESCRIPTION	PLACE OF INCORPORATION	YEARS IN OPERATION	CURRENT STATUS

BUSINESS CHALLENGES AND RESOURCES

12. What are the 3 primary factors or challenges within your control that limit the growth of your company?

13. Are you certified or in the process of obtaining certification from any of the following programs?

- ☐ MBE – Minority Owned Business Enterprise
- ☐ WBE – Women Business Enterprise
- ☐ DVBE – Disabled Veteran Business Enterprise
- ☐ Other: _____

14. Have you applied for funding from a financial institution such as a bank, credit union or community development financial institution (CDFI) **in the past 12 months**? YES ❒ NO ❒

a) If yes, did you receive funding? ❒ ❒
b) When did you most recently apply for funding?
c) If you did not receive funding, what was the reason cited by the capital providers?

_____

15. What is/are your business' primary financial challenges? (check all that apply)?

- ❒ Access to capital or bonding
- ❒ Debt
- ❒ Expense management
- ❒ Limited cash flow
- ❒ Long payment cycles
- ❒ Profitability
- ❒ None
- ❒ Other *(Please Specify)*: _____

BUSINESS OWNER VISION & MOTIVATION

16. What was your inspiration for starting or buying your company?

17. Briefly discuss why you are interested in this program and what you expect to get out of it. How will it enable you to grow your business?

18. What customers or markets offer the greatest opportunity for continued growth? How will you reach them?

19. In what way(s) are you or your company active in the local community? Please include any leadership roles held and business mentoring or job training provided for local residents.

20. a) Please use the space below to discuss any other information pertinent to the application, including anything relevant to the program expectations.

    b) If you have applied to the *10,000 Small Businesses* program previously, please note any relevant changes in your business since your last application.

ACKNOWLEDGEMENT OF PROGRAM EXPECTATIONS

In connection with the application process for the *10,000 Small Businesses* ("10KSB") program at LaGuardia Community College (the "Program"):

1. I confirm that the information provided in my program application and supporting documents is accurate to the best of my knowledge. I understand that if I have deliberately provided false information or fail to meet the terms of the program, I would have to forfeit any opportunity to be considered for, and to participate in, the program.

2. If I am selected for and participate in the program, I agree to attend all classes, complete a growth plan prior to the final class and, when applicable, participate in networking events, technical clinics and other program activities. (As a general rule, students may not miss more than one full day of classes and only under extenuating circumstances.)

3. If I am selected for and participate in the program, I agree to provide information about my business and career progress for up to the next 5 years. This may include completing surveys and questionnaires and participating in interviews and focus group discussions. I further agree that this information may be provided to LaGuardia Community College and The Goldman Sachs Foundation (the "10KSB Organizations") to allow for the design of the best possible post-graduate supports; my personal identity and personal information will be kept strictly confidential. (Any publicly reported program data will only be presented in aggregate with no attribution directly to individual companies without express written consent.)

4. I hereby certify that (except as explicitly disclosed in my program application): i) I am not currently the subject of a pending criminal proceeding and have never been arrested or convicted in a criminal proceeding (including cases that have been sealed or ordered expunged); (ii) I am lawfully residing in the United States; and (iii) I am not (either as an individual or as general partner of a partnership or executive officer of a corporation) the subject of any federal or state bankruptcy or insolvency proceedings.

5. I hereby certify that, to my knowledge and aside from conduct otherwise disclosed on my application, I am not, and have not been, engaged in any illegal activity, including in connection with the operation of my business.

6. I hereby authorize the 10KSB Organizations to verify information presented here and on my application and to procure a consumer report or an investigative consumer report[1] for that purpose. I understand that information produced from this verification and report may contain information about my background, character, credit history, personal reputation and past and current compliance with laws and regulations in the US. I also voluntarily authorize the 10KSB Organizations to perform checks of my previous employment/business ownership history. I hereby release all persons or entities, including the 10KSB Organizations, from liability arising from requesting or supplying such information.

7. I acknowledge that I am applying for the *10,000 Small Businesses* program at:
   LaGuardia Community College.
   - Classes will be held on the 7th floor of 29-10 Thomson Ave. Long Island City, NY, 11101.

Print Full Name _____ Date _____

Signature _____

1. Upon your request, the 10KSB Organizations will tell you whether they requested an investigative consumer report. If they did request an investigative consumer report, they will also: (1) give you the name and address of the consumer reporting agency that provided the report, and (2) inform you that you may inspect and receive a copy of any investigative consumer report by contacting the agency.

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LaGuardia Community College

SUBMISSION INSTRUCTIONS

There are several ways to submit your completed application to LaGuardia Community College:

- **By email**: mailto:10ksb@lagcc.cuny.edu
  NOTE: Applications submitted via email require that the signed signature page and required documents be scanned and submitted by email or faxed or mailed separately.

- **By fax**: **718.609.2036**
  Please include a cover page addressed to
  Mary Jane Escobar-Collins, *10,000 Small Businesses*

- **By mail or by hand**:
  Attn: Mary Jane Escobar-Collins
  10,000 Small Businesses at LaGuardia Community College
  29-10 Thomson Avenue, C-227
  Long Island City, NY 11101
  (Office hours M-F: 9:00am – 5:00pm. Closed holidays)

- **Please note that all applicants will receive an e-mail confirming receipt of their application and supporting documents. If you do not receive an e-mail or have questions, please call 718.730.7400**

SUBMISSION CHECKLIST

Please submit your application packet in the order listed below. Please do not bind your packet.

- ❒ Completed application
- ❒ Completed Eligibility Checklist on Page 1
- ❒ Signed Acknowledgement of Program Expectations on Page 7
- ❒ Verification of business and personal biographical, legal and financial information (including copies of each of the following):
  - ○ Resume and business biography
  - ○ 2011 and 2012 balance sheets
  - ○ 2011 and 2012 income / profit & loss statement
  - ○ Legal Entity certification (one of the following: Documentation of legal entity, Business certification form, or Articles of Incorporation)
  - ○ 2011* business federal tax return
  - ○ 2011 personal federal tax return
  - ○ Business owner's driver's license, or both a state/national ID and his/her passport
  - ○ Franchise Agreement (if applicable)

**2010 federal tax returns can be submitted if the applicant filed for an extension on his/her 2011 returns. Along with 2010 returns, the applicant should submit: 1) Federal Extension form and 2) 2010 financial statements (balance sheet and income / profit & loss statement), in addition to the above materials.*