

**V.APPLICATION FORMS**

**City of Brunswick Department of Economic and Community Development  
MICRO ENTERPRISE PROGRAM APPLICATION**

**FORM 1-APPLICANT/PROGRAM INFORMATION**

**1. CONTACT PERSON**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**2. APPLICATION PREPARER**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**3. TYPE OF APPLICATION**

~~Micro Enterprise-Small Business Start Up~~  ~~Micro Enterprise - Small Business (1-2 years)~~

**Microenterprise Small Business**

**4. BUSINESS INFORMATION ( For each business to be assisted. Attach additional pages if necessary.)**

Name of Business	Type of Product Produced/Services Provided	Is the business currently seeking funding from another SBDC or HUD CDBG administered program?***	Has the business previously applied for or received another SBDC or HUD CDBG administered program?***

**6. Race(s) of everyone who will benefit from this program: (Please use numbers #, NOT check marks.)**

- # \_\_\_\_\_ African American/Black
- # \_\_\_\_\_ African American/Black & White
- # \_\_\_\_\_ American Indian or Alaska Native
- # \_\_\_\_\_ American Indian/Alaska Native & African American/Black
- # \_\_\_\_\_ American Indian/Alaska Native & White
- # \_\_\_\_\_ Asian
- # \_\_\_\_\_ Asian & White
- # \_\_\_\_\_ Native Hawaiian or Other Pacific Islander
- # \_\_\_\_\_ White/Caucasian
- # \_\_\_\_\_ Other Multi-racial

How many Males will benefit from this program? # \_\_\_\_\_ Females? # \_\_\_\_\_ Children under 18? # \_\_\_\_\_

How many people who are Hispanic or Latino/a will benefit from this program? # \_\_\_\_\_

\*Federal procurement requirements may be applicable, 24 CFR 85.36

\*\*If the answer to E or F is "Yes", provide on a separate page, a description of the project as submitted to the other entity including the date of application, the requested amount of funds and purpose of the funds. Additionally, provide a description of the funding source including the name of the agency and its contact information, the status of the funding and the terms of the funding.

# City of Brunswick Department of Economic and Community Development Training Program Application

## **Part A: Participant Information**

**Please PRINT clearly. Thank you!**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please circle one: Do you have a disability? **Yes or No** Are you over 55? **Yes or No**

Is the Head of Household **Male** or **Female**?

How many people will receive this service/ participate in this program? \_\_\_\_\_

Race(s) of everyone who receive services/participate in this program: (**Please use numbers #, NOT check marks.**)

# \_\_\_\_\_ African American/Black

# \_\_\_\_\_ African American/Black & White

# \_\_\_\_\_ American Indian or Alaska Native

# \_\_\_\_\_ American Indian/Alaska Native & African American/Black

# \_\_\_\_\_ American Indian/Alaska Native & White

# \_\_\_\_\_ Asian

# \_\_\_\_\_ Asian & White

# \_\_\_\_\_ Native Hawaiian or Other Pacific Islander

# \_\_\_\_\_ White/Caucasian

# \_\_\_\_\_ Other Multi-racial

How many **Males** will benefit from this program? # \_\_\_\_\_ **Females**? # \_\_\_\_\_ **Children under 18**? # \_\_\_\_\_

How many people who are **Hispanic or Latino/a** will benefit from this program? # \_\_\_\_\_



## **Part B: Household Information**

**Total # of people in your household:** \_\_\_\_\_ Do you receive Public Housing Assistance? **Yes or No** (All household members.)

Are you employed? **Yes or No** If Yes, where? \_\_\_\_\_

What is your salary? \$ \_\_\_\_\_ Is this weekly/ bi-weekly/ monthly/ annual?(**Please circle one**)

Unemployment \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

TANF \$ \_\_\_\_\_ Cash Received \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Examples of other forms of income: Annuities, Insurance Policies, Death Benefits

Total Annual Household Income for all adults 18 and older: \$ \_\_\_\_\_  
(Proof of income required.)

This form must be completed for each program participant/family and submitted with the monthly progress reports.

## COMMUNITY DEVELOPMENT PROPOSAL

*The proposal must be clear, concise and labeled accordingly. It must not exceed 10 pages and must be on letter sized paper in a 12 point font size. Complete each applicable section.*

### **A. Project Description – Complete for Micro Enterprise Small Business projects only**

- Provide a detailed description of the business/activity seeking funding including all appropriate quantifiable information and any unique aspects. Examples of quantifiable information include the number of grants or loans to be made; the number of jobs to be created/retained; impact on residents, suppliers or end users, etc. The description should be specific and provide sufficient detail concerning the nature, scope, location, and purpose of activities that will be addressed by the proposed project and coordination of related activities. Describe any past efforts to resolve the needs identified. Explain why the proposed project is the best approach to addressing the need identified.
- Provide the following information for the business(s) to be assisted:
  1. A description of the business.
  2. A description of the proposed project.
  3. A description of the benefit of the project to the city.
  4. For each business identified, provide a description of the number and type of jobs to be created and/or retained including the skills required to perform the job and the qualifications for employment.
  5. A list of all project funding sources and uses including the current status of all proposed funding.
  6. A description of how the COB CDBG funds will be used in financing the project including the amount and terms (e.g. loans, grant, and interest subsidies).

- Provide a detailed description of the program delivery and administration tasks required to undertake this project including who will undertake these tasks, the costs associated with the tasks, and how the costs were determined.
- Describe efforts to secure alternative or additional funds from all appropriate public or private sources available to assist in financing the proposed activity. In detail, explain the impact of the COB CDBG funds on the total cost of the project and the beneficiaries (e.g. lack of other sources of funding). List the sources of cost estimates (where appropriate, project costs should be as recent as possible and documented by a qualified third party).

### **D. Description of Impact – Required for all activity types**

Describe the expected accomplishments/outcomes to be achieved by the proposed activities and indicate how it will resolve the identified need(s). Use specific measurable items (numerically where appropriate) in describing the results to be achieved. If the project does not fully resolve the identified need, show how the activity will resolve a planned proportion of the needs identified. Include any qualitative or quantitative impact that may be in addition to the creation/retention of job opportunities.

# PROJECT BUDGET

<b>APPLICANT NAME:</b>	<b>BUSINESS NAME:</b>
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USE OF FUNDS	SOURCE OF FUNDS (must correspond to Form 3)						
	CDBG \$ Requested	Source # ____	Source # ____	Source # ____	Source # ____	Source # ____	TOTAL
Item:	\$	\$	\$	\$	\$	\$	\$
Grant Administration							
Program Delivery							
<b>TOTAL</b>	\$	\$	\$	\$	\$	\$	\$

**SOURCE OF FUNDS:** List each of the sources of funding at the top of each column.  
**USE OF FUNDS:** List each budget item for the project, for example: acquisition, construction, machinery & equipment, working capital, etc.

**PROPOSED PROJECT FINANCING AND LIEN STRUCTURE**

**APPLICANT NAME:**

**BUSINESS NAME:**

	NAME OF FINANCING SOURCE	AMOUNT OF FINANCING	% of TOTAL	INTEREST RATE	TERMS	ANNUAL PAYMENT	FINANCING STATUS	DATE
1	CDBG							
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								