

# GCM I Entrepreneurship Programs

## Documentation Request

- \_\_\_\_\_ 1. **Completely** fill out the Application Package
- \_\_\_\_\_ 2. Provide a copy of **last year's Income Tax Return**
- \_\_\_\_\_ 3. Provide **verification of any supplemental of subsidy payments**  
received, (i.e.) Rent, PIP, Child Support, SSI, SSD, etc.
- \_\_\_\_\_ 4. **Valid copy of Photo ID**, i.e. Driver's License, Passport, etc.
- \_\_\_\_\_ 5. **Valid copy of Social Security Cards** for everyone residing in the home  
if last year's Tax Return is not provided
- \_\_\_\_\_ 6. **Birth Certificates** for everyone included on the application
- \_\_\_\_\_ 7. **Proof of countable income** for the last ninety days or thirteen weeks.

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date form was completed \_\_\_\_\_

**PROGRAM PROFILE**

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Name \_\_\_\_\_ Gender (M or F) \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Social Security Number: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you own/rent your home/apartment? \_\_\_\_ If own, how many years \_\_\_\_ Current market value \_\_\_\_\_

**EDUCATION**

12th grade or lower \_\_\_\_\_ (Last grade completed) \_\_\_\_\_ HS Grad/GED \_\_\_\_\_ Some College \_\_\_\_\_  
2-Year degree \_\_\_\_\_ 4-Year Degree \_\_\_\_\_ Masters or Above Degree \_\_\_\_\_

Are you in the process of completing your GED or High School equivalent? (Y or N) \_\_\_\_\_

Are you in the process of completing your college Degree? (Y or N) \_\_\_\_\_ 2-Year \_\_\_\_\_ 4-Year \_\_\_\_\_

Are you a 1st or 2nd generation college graduate? (1st or 2nd)

**HOUSEHOLD INFORMATION**

Marital Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed

Female Head of Household ( Y or N)

Total Household Size: \_\_\_\_\_ (Identify number per the following categories)

Adults:\_\_\_\_ Children:\_\_\_\_ Males:\_\_\_\_ Females:\_\_\_\_ Elementary School Age Children:\_\_\_\_ Grade level(s)\_\_\_\_\_

Annual Household Income: \$ \_\_\_\_\_ (Proof of household income must be provided)

Do you currently receive public assistance or social service benefits? (Y or N) \_\_\_\_

Describe: \_\_\_\_\_

Have you been a (welfare/AFDC/TANF) recipient in the past 5 years? (Y or N) \_\_\_\_

If yes, beginning: \_\_\_\_\_ ending: \_\_\_\_\_ type: \_\_\_\_\_

Do you have health insurance? (Y or N) If yes, provided by \_\_\_\_\_

Last year you filed your personal a personal tax return? (Y or N) \_\_\_\_

Date form was completed \_\_\_\_\_

**PROGRAM PROFILE**

PAGE 2 OF 3

**EMPLOYMENT INFORMATION**

Employed by an Employer?: ☐ Yes ☐ No (Full ☐ Part-time ☐) Employer \_\_\_\_\_ Yrs \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Second Job? ☐ Yes ☐ No (Full ☐ Part-time ☐) Employer \_\_\_\_\_ Yrs \_\_\_\_\_

Are you Self-employed?: ☐ Yes ☐ No (Full ☐ Part-time ☐) Start Date \_\_\_\_\_

Your self-employed address:

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Seeking Employment? (Y or N) Area or Field of focus \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Are you a citizen of the United States? Yes ☐ No ☐

Veteran? Yes ☐ No ☐

Currently Active? Yes ☐ No ☐

Are you Disabled? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

**Ethnicity:** Hispanic - Yes / No

**Race Category:** Black/African American ☐ White ☐ American Indian/Alaska Native ☐ Asian American ☐

Native Hawaiian/Other Pacific Islander ☐ Other Multi-Racial ☐

Are you from Cincinnati? Yes ☐ No ☐ How many years have you lived in Cincinnati? \_\_\_\_\_

Are either of your parents Entrepreneurs/Small Business owner(s)? Yes ☐ No ☐ Type \_\_\_\_\_

Do you have:

Face Book account? Yes ☐ No ☐

LinkedIn account? Yes ☐ No ☐

Twitter account? Yes ☐ No ☐

Instagram account? Yes ☐ No ☐

Other Social Media accounts? Yes ☐ No ☐

What Kind? \_\_\_\_\_

How often do you use Microsoft Excel?

Once a month? ☐ Four times a Month (or more) ? ☐ Do not use excel? ☐ Never used Excel ☐

**How did you hear about GCMI?** Friend/Relative ☐ Business Event ☐ Internet ☐ Facebook ☐

Other Social Media (What?) ☐ Brochure/flyer ☐ Newspaper ☐

CAA ☐ AACC ☐ Urban League ☐ HCDC ☐ Other ☐

Date form was completed \_\_\_\_\_

## BUSINESS OVERVIEW

Specify the Stage of Your Business

Exploratory/Planning Stage: \_\_\_\_\_  
Start-up (New or under 12 months): \_\_\_\_\_  
Existing (Over 13 months): \_\_\_\_\_

Business Owned by:

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Joint: \_\_\_\_\_

Registered Business: Yes \_\_\_\_\_ No \_\_\_\_\_

Business Tax ID #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Based Business? Yes \_\_\_\_\_ No \_\_\_\_\_ Business Website \_\_\_\_\_

Business Description: \_\_\_\_\_

Legal Status: LLC \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Corp S \_\_\_\_\_ Corp C \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_

Type of Business: Service \_\_\_\_\_ Retail \_\_\_\_\_ Wholesale \_\_\_\_\_ Technology \_\_\_\_\_ Other \_\_\_\_\_

If Other, please describe: \_\_\_\_\_

Date Founded: \_\_\_\_\_ Number of Employees: FT \_\_\_\_\_ PT \_\_\_\_\_ (including yourself)

Are you working FT or PT in this business? FT \_\_\_\_\_ PT \_\_\_\_\_ N/A \_\_\_\_\_ (check one)

How do you currently track your Business Financial information?

QuickBooks \_\_\_\_\_ Excel \_\_\_\_\_ Quicken \_\_\_\_\_ Personal ledger \_\_\_\_\_ Only when I file my taxes \_\_\_\_\_

Do you have a(n): Accountant? \_\_\_\_\_ Tax Preparer? \_\_\_\_\_ Bookkeeper? \_\_\_\_\_

How much total gross revenue did your business earn in the past 12 months?: \$ \_\_\_\_\_

## CERTIFICATION STATEMENT

I certify that the information I have provided is true and accurate. All of the information provided on this form can be used by the Greater Cincinnati Microenterprise Initiative (GCMI) for tracking and reporting to GCMI funders and designated partners.

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





## **GREATER CINCINNATI MICROENTERPRISE INITIATIVE**

### **Participation Agreement**

GCMI is designed to assist you in starting your own business or to help you strengthen an existing business. We will help you decide if self-employment is the right career decision for you and will help you build your business step by step through a combination of classroom participation, business education classes, assistance in identifying funding sources, loan monitoring, and general and individualized technical assistance.

#### **Description of Services:**

**Entrepreneurial Training Academy (ETA):** The purpose of the course is to prepare entrepreneurs with basic training to prepare them to manage and operate a Microenterprise or small business. Upon completion of the course, each participant is expected to have a completed business plan. The curriculum also includes an overview of the challenges and financial commitment needed for business start-up and a self-assessment component to help you analyze your personal background, behavior patterns and lifestyles in comparison to those of successful small business owners.

**Business Education Classes (BEC):** These classes are designed to provide additional support and training for any entrepreneur or small business owner. From Selling for Entrepreneurs to QuickBooks training to E-commerce, these courses will benefit your growth and development as a business owner.

**Assistance in identifying funding sources:** The GCMI business coaches and Staff will assist you in identifying potential funding sources for your business start-up or expansion. Services Include: loan packaging assistance, applying for a loan with GCMI's loan fund, as well as assistance identifying other private and public loan funds that have a special emphasis on Microenterprise.

**Reporting:** GCMI is funded through Federal, State, Local Government Municipalities as well as Public and Private Agency donations that require tracking and disclosure. You are required to participate in general reporting through GCMI. This reporting will not effect any discrimination of services from GCMI once excepted into GCMI services and programs.

**Loan Monitoring:** As a GCMI participant you agree to ongoing technical assistance and loan monitoring designed to help you maintain a successful business. Ongoing loan monitoring include: Monthly site visits to your establishment, compliance with all ongoing financial reporting, adherences to recommendations made by GCMI business coach.

**General and Technical Assistance/One on One Business Coaching:** A GCMI Business Coach will meet with you regularly and help you execute your business plan. Together you will develop benchmarks and timelines to help make your business successful. The Business Coach is their as a point of reference and support for your business questions and needs.

### **Fees:**

As a GCMI participant you agree to pay any and all applicable program fees and out of pocket cost prior to receiving services from GCMI. Classroom fees should be paid at orientation and/or prior to the first classroom session and are not refundable once materials have been distributed. GCMI will provide to you a fee schedule in effect at the time of signing this agreement.

I, understand that by signing this agreement I acknowledge that I have read and understand its contents. Further I understand the services and program expectations of GCMI and agree to comply with all GCMI policies and program requirements. Also, in signing I agree to allow GCMI to perform any necessary background checks to verify any information supplied by me, for entrance into GCMI's program.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
GCMI Staff/Business Coach

\_\_\_\_\_  
Date

### **RELEASE STATEMENT**

I hereby assign all rights and release from liability the Greater Cincinnati Microenterprise Initiative, Inc. for the recording, reproduction, exhibition, telecasting, print and distribution of my visual image, voice, name of my business and related information for media usage.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date



# GREATER CINCINNATI MICROENTERPRISE INITIATIVE

Please attach proof of household income (**income received by all adults listed in the household**) that corresponds to the maximum amount of household income reported by you for participation in GCMI's Entrepreneurial Training Academy. Proof of income must be provided in the form of the previous year tax return with attached W-2's.

## YOU WILL NOT BE PERMITTED TO PARTICIPATE IN GCMI SERVICES WITHOUT PROVIDING THE FOLLOWING INFORMATION.

Name of Enrolling Participant: \_\_\_\_\_

Name of **Existing Business**: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Handicapped: \_\_\_\_\_ Female Head of Household: \_\_\_\_\_ Hispanic: Y / N

Black/African American: \_\_\_\_\_ White: \_\_\_\_\_ American Indian/Alaska Native: \_\_\_\_\_ Asian: \_\_\_\_\_

Native Hawaiian/Other Pacific Islander: \_\_\_\_\_ Asian & White: \_\_\_\_\_

Black/African American & White: \_\_\_\_\_ American Indian/Alaska Native & White: \_\_\_\_\_

American Indian/Alaska Native & Black/African American: \_\_\_\_\_ Other Multi-Racial: \_\_\_\_\_

	Size of Family Unit (Household)	HHS 125% Annual (2016)	HUD 80% Annual (2016)	Exceed HUD 80% (2016)
	1	14,713	35,400	35,400 plus
	2	19,913	40,450	40,450 plus
	3	25,113	45,500	45,500 plus
	4	30,313	50,550	50,550 plus
	5	35,513	54,600	54,600 plus
	6	40,713	58,650	58,650 plus
	7	45,913	62,700	62,700 plus
	8	51,113	66,750	66,750 plus
<b>Classroom Training Fee Structure</b>				
	<b>Business I</b>	<b>\$60.00</b>	<b>\$120.00</b>	<b>\$200.00</b>
	<b>IHEP</b>	<b>\$100.00</b>	<b>\$130.00</b>	<b>\$220.00</b>
	<b>Business II (Indirect)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Business II (Direct)</b>	<b>\$60.00</b>	<b>\$120.00</b>	<b>\$200.00</b>

All trainings will need to be started within 6 months of the date of this form. Agreed upon total fee structure is for class sessions taken. All fees for each separate training session will need to be paid in full prior to first day of class for that training. Any training started after this date will be subject to re-verification of household income.

**Total number of household members** \_\_\_\_\_. (Include yourself, spouse, children, etc.)

**Total Household Income:** \$ \_\_\_\_\_ **Fee Due:** \$ \_\_\_\_\_

**Refund Policy:** 100% **prior** to the first night of class; no refunds will be given after the first night of class. Refunds for future classes paid may be used as a credit towards future classes within the a year of the initial enrollment.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

SS#: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone #: \_\_\_\_\_ Message Phone #: \_\_\_\_\_ Whose Phone: \_\_\_\_\_

<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Disabled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ethnicity:</b> <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race (any 2 or more above)
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Agency Site:	Client E-mail:
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<b>Education:</b> <input type="checkbox"/> <u>A.</u> 0-8 <input type="checkbox"/> <u>B.</u> 9-12 (Non-Grad) <input type="checkbox"/> <u>C.</u> HS Grad/GED <input type="checkbox"/> <u>D.</u> 12+ <input type="checkbox"/> <u>E.</u> 2-4 yr. Grad College	<b>Food Stamps:</b> <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u>	<b>Health Insurance:</b> <input type="checkbox"/> <u>A.</u> Medicaid <input type="checkbox"/> <u>D.</u> Self-Ins. <input type="checkbox"/> <u>B.</u> Medicare <input type="checkbox"/> <u>E.</u> None <input type="checkbox"/> <u>C.</u> Private <input type="checkbox"/> <u>F.</u> Unknown	<b>Farmer:</b> <input type="checkbox"/> <u>A.</u> Farmer <input type="checkbox"/> <u>B.</u> Migrant <input type="checkbox"/> <u>C.</u> Seasonal
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<b>Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b># In HH</b>	<b>Family Type:</b> <input type="checkbox"/> F. Single Par/Female <input type="checkbox"/> M. Single Par/Male <input type="checkbox"/> Two Parent	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Other	<b>Housing:</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<b>Income Eligibility Period:</b> <input type="checkbox"/> A. Weekly <input type="checkbox"/> B. Bi-Weekly <input type="checkbox"/> C. Monthly <input type="checkbox"/> G. 6 Months	<input type="checkbox"/> D. Annually <input type="checkbox"/> E. 13 Weeks <input type="checkbox"/> F. 3 Months
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<b>Source of Income:</b> <input type="checkbox"/> A. Employment <input type="checkbox"/> C. Social Security <input type="checkbox"/> E. GA <input type="checkbox"/> G. Pension <input type="checkbox"/> I. Other <input type="checkbox"/> B. Unemployment <input type="checkbox"/> D. TANF <input type="checkbox"/> F. SSI/SSD <input type="checkbox"/> H. No Income <input type="checkbox"/> J. Zero Income <input type="checkbox"/> K. Refused – Only used for programs that do NOT require income verification	<b>Income Amount:</b>
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Other Household Members						
Use codes from above <u>ONLY</u> for information listed below						
SS#						
Last Name						
First Name						
Date of Birth						
Male/Female (M, F)						
Disabled (Y, N)						
Ethnicity (B, A, NHPI, NA, HL, W, O, MR)						
Education (A, B, C, D, E)						
Veteran (Y, N)						
Health Insurance (A, B, C, D, E, F)						
Income Period: (A, B, C, D, E, F, G)						
Source (A, B, C, D, E, F, G, H, I, J, K)						
Income Amount						

<b>Code#:</b>													<b>Initials</b>	<b>Date</b>
<b># of Units:</b>											<b>Intake:</b>			
<b>Date of Service:</b>											<b>Data Entry</b>			

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

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

Comments: \_\_\_\_\_





# Development Services Agency

John R. Kasich, Governor

David Goodman, Director

## Zero Income Self-Declaration Form

**ALL HOUSEHOLD MEMBERS 18 AND OLDER MUST PROVIDE AN IRS TAX TRANSCRIPT  
TO REQUEST A COPY PLEASE CALL 1-800-908-9946**

### *Instructions for this section:*

For Individuals 18 or older in your household with zero income who are being supported by another household member, use this section to tell us who is providing support.

First Name	M.I	Last Name	Supported By

### *Instructions for this section:*

If you are receiving help paying your bills from a non-household member, list their name(s) and phone number(s), also include a signed statement from that person(s). The statement should note how much, and if the money is given to you, loaned to you, or paid directly to your creditors.

First Name	Last Name	Telephone Number (include area code) ( ) -

**Explain how the person noted above pays the following expenses. (Write N/A to any that do not apply)**

Bill	Monthly Amount	Gift / Loan / Paid Directly to Creditor
Rent/Mortgage	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Paid Directly to Creditor
Food	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Paid Directly to Creditor
Gas	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Paid Directly to Creditor
Electric	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Paid Directly to Creditor
Phone/Cell	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Paid Directly to Creditor
Car Payment/Insurance	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Paid Directly to Creditor
Cable/Internet	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Paid Directly to Creditor
Personal Expenses	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Paid Directly to Creditor
Bulk Fuels (i.e. propane, fuel oil/coal)	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Paid Directly to Creditor
Other Expenses	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Paid Directly to Creditor

Does your household receive any of the following?	Yes or No	Amount
Food Stamps		\$
Rental Assistance (i.e. section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) -- Please note if this is paid directly to the utility companies.		\$

Please have person paying expenses listed above provide a written and signed statement below (this may also be done on a separate sheet of paper). If more than one person is paying expenses, have him/her submit a separate sheet of paper.


X Sign and Date Here \_\_\_\_\_

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P.O. Box 1001  
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614 | 466 2480  
800 | 848 1300  
www.development.ohio.gov

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services