



BUSINESS APPLICATION

CAOWNY Business Development Series
1423 Fillmore Avenue Buffalo, NY 14222
Phone: (716) 332-3773 ext.1407 or Fax: (716) 332-1015
Web Site: <https://caowny.org/business-development/>

SECTION I - BUSINESS INFORMATION

1. Business Owner/Principal

First Name (Title):

Last Name:

Middle Initial:

Address:

City:

State:

Zip:

Email Address:

Phone:

Fax:

2. Business Owner/Principal (2)

First Name (Title):

Last Name:

Middle Initial:



Address:

City:

State:

Zip:

Email Address:

Phone:

Fax:

3. Business Name:

Business Address:

City:

State:

Zip:

Business Email Address:

Business Phone:

Business Fax:

4. Select Business Industry Below:

Retail

Wholesale

Construction

Service

Manufacturing

Online

Other: _____

Business History

5. Select Business Status:

New (Under 12 months)

Existing (Over 12 months)

6. Has the business met all of the legal requirements necessary to become established?

Yes

No

7. No. of Employees:

Full Time:

Part Time:

7. NAICS Code (If known):

8. Date Business Established:

9. Federal Tax ID Number:

10. Type of Business/Organization:

Sole

S Corporation

Not for Profit

Proprietorship

C Corporation

Not yet established

Partnership

LLC

11. Website and Social Media Addresses (If Apply):

Website Address:

Facebook/Social Media Addresses

12. Personal Financial Summary

Funders require the CAOWNY to show the proof of income of the individual/s that are receiving services. The CAOWNY will not penalize you or deny your application because of the amount of your gross (before tax) or net (after tax) income. Your income will not hinder us from approving your application for services. Submit your proof of income in the form of employment pay stub, a letter that shows the monthly/annual benefits that you receive from social services, SSI, SSD, unemployment benefits etc. Proof of income can be submitted with this application, emailed (pjames@caowny.org) or faxed (716-332-1015).

13. Business Financial Summary

- a. Does the business owner(s) have any personal or business judgments, unsettled lawsuits or major disputes?

Yes

No

- b. Has the business or any of the owners been involved in a bankruptcy or insolvency proceeding?

Yes

No

- c. Does the business or any of the owners owe any taxes for the prior to the current year?

Yes

No

14. For Existing Business

2019 Revenues: \$ _____

2020 Revenues: \$ _____

2019 Profits: \$ _____

2020 Profits \$ _____

SECTION 2 - BUSINESS PLAN DEVELOPMENT

1. Have you completed a business plan? (If yes, please attach a copy of your business plan)

Yes

No

2. When and by whom was your business plan prepared?
-

3. If you have not completed a business plan, would you like information on assistance available to help you prepare a business plan?

Yes

No

4. Have you completed any CAOWNY business development workshops?

Yes

No

5. Have you completed any other business workshops?

Yes

No

If yes, who sponsored the workshop?

6. How did you hear about the CAOWNY Business Development Series?
-

SECTION 3 - DEMOGRAPHICS

You are not required to furnish this information, but are encouraged to do so because the CAOWNY's funders may request demographic information about those being served. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

1. Gender:

Male

Transgender

Female

Other: _____

2. Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

3. Race: (Mark one or more)

Black or African
American

Native American
Indian

Asian
Hawaiian

Other: _____

Alaskan

Pacific Islander

SECTION 4 - NEEDS ASSESSMENT

1. Select Areas of assistance needed:

Business Start-Up

Accounting and
Records
Documentation

Personnel

New Business

Financial Analysis

Computer/Technology

Capital Needs

Cost Control

International Trade

Marketing/Sales

Inventory Control

Business Liquidation

Government
Procurement

Other: _____

2. Do you have a personal budget?

Yes

No

3. Do you have an emergency fund?

Yes

No

4. Do you have a retirement plan or fund?

Yes

No

5. Do you have business insurance?

Yes

No

6. Do you have supervisory experience in the industry?

Yes

No

7. What are some of the challenges that you believe are preventing you from starting or growing your business? Continue your explanation in Section 6 of this document or on a separate sheet of paper if necessary.

8. How much money do you need to start your businesses or project?

9. Financing Needs:

10. Project Costs:

11. Owner's Contribution(s):

12. Credit Score

Owner 1:

Owner 2:



SECTION 5 - CERTIFICATIONS & DISCLAIMERS

Please read the following certifications carefully and sign below. All company owners, officers, or partners must sign below. If you have any questions, call CAOWNY at 716-332-3773 ext. 1407.

1. By my signature below, I authorize CAOWNY to research the company's and its principal(s) history. I give permission for the CAOWNY to take pictures of the business owner/s and/or representatives during either zoom or in person workshops.
2. I give CAOWNY permission to include pictures of the owner/s or representative/s in the CAOWNY's newsletter, website and/or social media channels.
3. I Certify that ownership of the company is at least 51% by U.S. citizens or persons admitted to the U.S. for permanent residence.
4. **Technical Assistance Disclaimer**

CAOWNY may render technical assistance, directly or indirectly, to you based on information you provide, in connection with management systems, internal controls, marketing plans, business plans, financial projections and compilations. Such assistance and all statements made in connection therewith are for your internal use only, and are not to be used or communicated in any manner whatsoever to third parties without CAOWNY's express written consent.

5. CAOWNY is in no way responsible for your use of this information, and makes no warranties and representations in connection therewith except as expressly granted in writing.

SECTION 7 - SIGNATURE PAGE

1. I authorize CAOWNY to make inquiries as necessary to verify the accuracy of the statements made and to determine my eligibility for Business Development Services. **All owners must sign.**

Please Print

First Name:

Last Name:

Middle Initial:

Signature:

Date:

Please Print

First Name:

Last Name:

Middle Initial:

Signature:

Date:
