



MBF SMALL BUSINESS TRAINING APPLICATION

CRITERIA

1. Minority Owned (Minimum 51% Minority Owned);
2. Domiciled in the City of Miami (as stated on occupational license);
3. Business must be in existence for more than six months;
4. US Citizens or Lawful Permanent Residents only;
5. For profit businesses only. No sole proprietorships.

DIRECTIONS

1. Print application (2 pages) and fill it out entirely.
2. Enclose financial statements for the **last two years** (Balance Sheet and Profit & Loss statement). If you are a new business enclose financial statements for the last six months.
3. Submit the application and financial statements latest by **Friday, January 6, 2016**.

There are several ways to submit your completed application form:

By Email:

Scan the documents and attach them in an email to Kathleen@miamibaysidefoundation.org

By Mail or By Hand:

Attn: Kathleen Murphy
 Miami Bayside Foundation
 25 SE 2nd Avenue, Suite 240
 Miami, FL 33131

This Application is an initial assessment designed to help us understand you, your business, and why you are interested in the program. This information will be kept confidential. If selected for an interview, please note that you will be asked to complete an Interview Addendum and submit supporting documentation.

APPLICANT INFORMATION

Last Name:	First Name:
Social Security#:	Email:
Work Phone:	Cell Phone:
Gender: (please mark with x) <input type="checkbox"/> Female <input type="checkbox"/> Male	Check all that apply: (please mark with x) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Woman <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran

COMPANY INFORMATION

Company Name:	Applicant Title:	
Company Address:		
City:	State:	ZIP Code:
Year Business Was Founded:	Year You Acquired Ownership:	Percentage of Business You Own:

EIN:	DUNS #:
Employee Count (please enter number)	Annual Gross Revenue
Fulltime:	2014:
Part-time:	2015:
Temporary/Contractors:	2016 (to date):
	2016 (projected full year):

FURTHER QUESTIONS

1. How did you hear about *MBF's Small Business Training*? (please mark with x all that apply)

Commissioner Office (please indicate name of Commissioner): _____

Miami Bayside Foundation website

Financial Institution (please specify): _____

Social Media (please specify): _____

Other (please indicate organization or individual): _____

2. Please briefly describe the products or services your business offers:

3. Briefly discuss why you are interested in *MBF's Small Business Training* and what you expect to get out of it. How will it enable you to grow your business?

I confirm that the above information is accurate.

I hereby authorize Miami Bayside Foundation (MBF) and the other entities conducting the Small Business Training initiative to verify information presented here and to check personal and business references. I grant permission of my likeness or image to be used for informational and promotional purposes related to my participation in MBF's Small Business Training program if selected as a participant.

I understand that information produced from this verification and reference check 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 MBF to perform checks of my previous employment/business ownership history. I hereby release all persons or entities and program facilitator from liability arising from requesting or supplying such information.

Print Full Name _____ Date: _____

Signature _____