Program Application Form
2139 SW Adams St., Peoria, Illinois 61602
Office: 309-966-3989 ext 4
Email: info@MBDCpeoria.org

Applicant Information

Full Name: ____________________________
Last First M.I. ____________________________

Home Address: ____________________________
Street Address - Apt. # ____________________________
City/State ____________________________
ZIP Code ____________________________

Home Phone: ( ) _________ / Cell: ( ) _________ Email: ____________________________

The following information is voluntary and will not be used when considering your application.

Best time to call: ____________________________
Preferred method of contact: ☐ Phone ☐ Email ☐ Text

Ethnic Background
☐ American Indian/Alaskan ☐ Asian/Pacific Islander ☐ Black/African American
☐ Hispanic/Latino ☐ White/Caucasian ☐ Other

Gender ☐ Male ☐ Female

Do you have a disability? ☐ Yes ☐ No
Are you a veteran? ☐ Yes ☐ No

Do you file taxes as head of household? ☐ Yes ☐ No
Are you a single parent? ☐ Yes ☐ No

How many people live in your household? _____

Household income: ☐ Under $25K ☐ $26K - $50K ☐ $51K – $75K ☐ $75 - $100K ☐ $100K+

Age Group: Select ONE: ☐ Under 18 ☐ 19-25 ☐ 26-40 ☐ 41-60 ☐ 60+

What is your highest level of education?
☐ Less than high school ☐ Vocational ☐ College Graduate Degree
☐ High school- GED ☐ Some College ☐ OTHER:

Present Employment Status
☐ Full Time (35+ hrs/week) ☐ Part Time Self Employed ☐ Seasonal Employment
☐ Part Time ☐ Dislocated Worker ☐ Unemployed < 6mo.
☐ Full Time Self Employed ☐ Unemployed > 6mo. ☐ Student (college OR High school

Type of Work?
☐ Retail ☐ Food Service ☐ Warehouse ☐ Web design (IT) ☐ Contractor ☐ Other (specify): ______________

ARE YOU A CONTRACTOR? CHECK ALL THAT APPLY:

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<th>Are You a Contractor?</th>
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<tr>
<td>Asbestos/Lead Abatement</td>
<td>Glass/Windows/Glazing</td>
<td>Roofing</td>
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<td>Asphalt</td>
<td>HVAC/Mechanical</td>
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<td>Carpenter</td>
<td>Landscaping/Erosion Control</td>
<td>BEP Certified</td>
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<td>Drywall</td>
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<tr>
<td>Excavation/DEMO</td>
<td>Plumbing</td>
<td>WBE Certified</td>
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SBA (8a) Certified ☐ Hub Zone Certified ☐ BEP Certified ☐ OTHER:

Other (specify): ______________
Have you ever owned/operated a business? □ Yes □ No
Do you currently own/operate a business? □ Yes □ No
Date established: ______________________

Official Business Name: __________________________________________
Business Address: _______________________________________________
Business Phone: _________________________________________________
Company FEIN: __________________________________________ NAIC Codes: ____________________________
Annual sales volume: □ Under $50K □ $50K - $100K □ $100K – $500K □ $500 - $1 Million

Business Structure: □ Sole Proprietor □ Partnership □ Corporation/ LLC □ Other
What is your title/role in this company? ________________________________

Do you need office space? □ Yes □ No
Do you have a completed business plan? □ Yes □ No
Do you require assistance developing a business plan? □ Yes □ No
Do you have updated financial statements? □ Yes □ No
Do you have an accountant that prepares your taxes? □ Yes □ No

Do you have legal assistance for your company? □ Yes □ No
Do you currently have bonding? □ Yes □ No
Do you require assistance obtaining bonding? □ Yes □ No
Are you currently in the union? □ Yes □ No
Do you require assistance getting into a union □ Yes □ No

Do you have a formal relationship with a Bank? □ Yes □ No
Do you have an Internet business presence on (check all that apply):
□ No □ Facebook □ LinkedIn □ Twitter □ Other (please name): _________________________________

How do you market your business? (check all that apply):
□ Newspaper □ Radio □ Television □ Community newspaper □ Flyers □ Billboards
□ Word of mouth □ Referrals □ Other (please name): _________________________________

Are there trade publications for your industry? □ Yes □ No / Do you read them? □ Yes □ No

What measures of success do you use? (check all that apply):
□ Increased Sales □ Increased Clients □ More “free time” □ Other: _________________________________

Briefly describe the nature of your business:

_________________________________________________________________________________________
_________________________________________________________________________________________
What business development workshop or topics would you prefer to participate in? Check all that apply.
☐ Business certification ☐ Renting commercial space ☐ Website development ☐ Hiring the right employees ☐ Getting money for your business ☐ Identifying your sales strategy ☐ Construction ☐ Technology ☐ Food services ☐ Retail ☐ Other (specify)___________________________

What are your expectations for contacting the MBDC? What are your primary goals?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

I agree that all the information in this application is true to the best of my knowledge. If selected to participate and join the MBDC, I authorize the ongoing sharing of information with BBA Peoria, including this report and any future progress, attendance, and/or assistance received. I understand all information will be kept confidential and will not be sold to others.

Signature ___________________________ Date ___________________________

MBDC is a wholly owned/operated committee under the Black Business Alliance Peoria Chapter, INC., a 501(c)3 non-profit.