



Select ONE: ___ Business Boot Camp
 ___ Contractor Development
 ___ IT Workforce Training

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:	
Asbestos/Lead Abatement	Glass/Windows/Glazing	Roofing	SBA (8a) Certified
Asphalt	HVAC/Mechanical	Steel/Structural	Hub Zone Certified
Carpentry	Landscaping/Erosion Control	BEP Certified	OTHER:
Drywall	Masonry/Concrete	DBE Certified	
Electrical	Painting	MBE Certified	
Excavation/DEMO	Plumbing	WBE Certified	

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.