

# ADC Entrepreneur Training Application

African Development Center of Minnesota



African Development Center | 1931 South 5th Street | Minneapolis, MN 55454 | 612-333-4772 | Toll-free 1-877-232-4775

The African Development Center is a community-based non-profit organization that works within the African communities in Minnesota to start and sustain successful businesses, build assets and promote community reinvestment.

The African Development Center does not discriminate in providing services to individuals on the basis of race, color, religion, creed, national origin, disability, sexual orientation, or status with regard to public assistance or refugee. The information collected on this application is considered public data for the purpose of Minnesota Statutes Chapter 13. Individuals may refuse to provide any of the information requested. We appreciate your taking the time to complete the form.

## I. APPLICANT INFORMATION

APPLICANT					
Social Security or Tax Identification Number _____					
First Name	_____	Day Phone	_____		
Last Name	_____	Evening Phone	_____		
Address	_____	Email Address	_____		
City	_____	State	MN	Zip	_____
Race/Ethnic Background	<input type="checkbox"/> African American	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Hispanic		
	<input type="checkbox"/> Asian American	<input type="checkbox"/> Liberian	<input type="checkbox"/> Other African		
	<input type="checkbox"/> Oromo	<input type="checkbox"/> Somali	<input type="checkbox"/> _____		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married
				<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Veteran Status	<input type="checkbox"/> Non-Veteran		<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Other Veteran	
Age	Under 20	<input type="checkbox"/> 20-29	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50-59
		<input type="checkbox"/> 60 or over			
Are you currently a refugee or an asylee?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, you and/or our organization may be eligible for financing from a special source of funds. Please attach a copy of your I-94 or Alien Registration Card (Green Card).					

PARTNER OR CO-APPLICANT					
Social Security or Tax Identification Number _____					
First Name	_____	Day Phone	_____		
Last Name	_____	Evening Phone	_____		
Address	_____	Email Address	_____		
City	_____	State	MN	Zip	_____
Race/Ethnic Background	<input type="checkbox"/> African American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian		
	<input type="checkbox"/> Asian American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic		
	<input type="checkbox"/> Oromo	<input type="checkbox"/> Somali	<input type="checkbox"/> _____		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital status	<input type="checkbox"/> Single	<input type="checkbox"/> Married
				<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Veteran Status	<input type="checkbox"/> Non-Veteran		<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Other Veteran	
Age	Under 20	<input type="checkbox"/> 20-29	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50-59
		<input type="checkbox"/> 60 or over			
Are you currently a refugee or an asylee?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, you and/or our organization may be eligible for financing from a special source of funds. Please attach a copy of your I-94 or Alien Registration Card (Green Card).					

1. Please select one option that most accurately reflects your educational background.

APPLICANT			PARTNER/CO-APPLICANT		
<input type="checkbox"/> Elementary School	<input type="checkbox"/> Technical School	<input type="checkbox"/> Elementary School	<input type="checkbox"/> Technical School	<input type="checkbox"/> Elementary School	<input type="checkbox"/> Technical School
<input type="checkbox"/> High School	<input type="checkbox"/> Undergraduate Degree	<input type="checkbox"/> High School	<input type="checkbox"/> Undergraduate Degree	<input type="checkbox"/> High School	<input type="checkbox"/> Undergraduate Degree
<input type="checkbox"/> GED	<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> GED	<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> GED	<input type="checkbox"/> Graduate Degree

**2. What do you rely on as your PRIMARY source of HOUSEHOLD income? (Check only one)**

APPLICANT

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Self-employed (full-time) | <input type="checkbox"/> Self-employed (part-time) | <input type="checkbox"/> Spouse/Partner Income |
| <input type="checkbox"/> Full-time job             | <input type="checkbox"/> Part-time job             | <input type="checkbox"/> Savings/Investments   |
| <input type="checkbox"/> Alimony/Child Support     | <input type="checkbox"/> Public Assistance         | <input type="checkbox"/> Unemployment          |
| <input type="checkbox"/> Social Security           | <input type="checkbox"/> Disability                | <input type="checkbox"/> Other                 |

PARTNER/CO-APPLICANT

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Self-employed (full-time) | <input type="checkbox"/> Self-employed (part-time) | <input type="checkbox"/> Spouse/Partner Income |
| <input type="checkbox"/> Full-time job             | <input type="checkbox"/> Part-time job             | <input type="checkbox"/> Savings/Investments   |
| <input type="checkbox"/> Alimony/Child Support     | <input type="checkbox"/> Public Assistance         | <input type="checkbox"/> Unemployment          |
| <input type="checkbox"/> Social Security           | <input type="checkbox"/> Disability                | <input type="checkbox"/> Other                 |

**3. Does either applicant receive welfare benefits?**

Applicant  Yes  No      Co-applicant  Yes  No

**4. Have you ever received business training?**

- Yes    I started this program before, but did not finish.
- Yes    From another organization: (please provide the name) \_\_\_\_\_
- No

**5. Do you have any experience managing or operating the type of business you are interested in?**

- Yes Please describe: \_\_\_\_\_
- \_\_\_\_\_
- No \_\_\_\_\_

**6. What type of job do you have now?** \_\_\_\_\_

**7. Will you continue to work at this job after starting your business?**

- Yes    If yes, do you plan to work:  full-time     part-time
- No

**II. TELL US ABOUT YOUR BUSINESS**

Please answer the following questions as completely as you can.

If you **have not opened your business** yet, please *complete questions 8-15* and then go to the income verification form.

If your **business is already open**, please *complete questions 8-14 and A-G*, then go to the income verification form.

**8. Is your business already operating?**

- Yes: Full-Time (35 hours/week or more)       Yes: Part-Time (less than 35 hours/week)       No

**9. Name of business (official or unofficial):** \_\_\_\_\_

**10. Please describe your business or business idea.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. Why do you want to start or expand your own business?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. Do you expect your business to provide:**

- Primary Income       Supplemental Income

13. How much money do you have to put into your business? \_\_\_\_\_
14. How much money do you think you would need to borrow to start your business? \_\_\_\_\_
15. If you DO NOT currently operate your own business:
- A. Where do you plan to locate your business?  
Address: \_\_\_\_\_
- B. Do you need help finding a location?  Yes  No

The following questions are for applicants who currently operate their own businesses. If your business is not yet open, continue to the next page.

- A. Where is your business located?  In Home  Commercial Location
- Name of Business \_\_\_\_\_
- Business Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_
- Zip \_\_\_\_\_ Business Phone Number \_\_\_\_\_
- B. What type of business do you operate?
- Service to individuals  Service to businesses  Retail / Trade
- Wholesale  Manufacturing
- C. How long has your business been in operation?
- less than 6 months  6 months-1 year  1 - 3 years  more than 3 years
- Month/Year first sale was made \_\_\_\_\_
- D. How many employees does your business have? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
- How many of these employees are family members? \_\_\_\_\_
- E. How many hours do you work at your business each week? \_\_\_\_\_
- F. Do you take an owner's draw (salary)?  No  Yes Amount \$\_\_\_\_\_ / year
- G. Do you have a written business plan?  Yes  No
- III. How did you find out about this program? \_\_\_\_\_

ADC provides scholarships for low to moderate-income individuals that would like to participate in our Neighborhood Entrepreneur Training Program. Scholarships are based on a sliding scale according to last year's household income. **The regular fee for the class is \$600. The largest scholarship can lower the fee to \$75. If you would like to be considered for a scholarship we must have the following information from each partner.** Married business partners only need to fill out one income verification.

**IV. INCOME VERIFICATION for Class Scholarship (Applicant)**

- 1) Applicant Household Size \_\_\_\_\_ # Adults \_\_\_\_\_ # Children
- 2) Annual Household Income \_\_\_\_\_

**V. Signature**

The information given on this application is correct and true to the best of my knowledge. I understand that ADC may verify the income information by reviewing W2 forms or tax returns. I hereby authorize ADC to verify the above information.

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

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

**VI. INCOME VERIFICATION for Class Scholarship (Partner)**

- 1) Partner Household Size \_\_\_\_\_# Adults \_\_\_\_\_# Children  
2) Annual Household Income \_\_\_\_\_

**VII. Signature**

The information given on this application is correct and true to the best of my knowledge. I understand that ADC may verify the income information by reviewing W2 forms or tax returns. I hereby authorize ADC to verify the above information.

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return the entire completed application to:

**Nasibu Sareva**  
**African Development Center**  
1931 South 5th Street  
Minneapolis, MN 55454  
Phone: 612-333-4772 Email: [nsareva@adcmnnesota.org](mailto:nsareva@adcmnnesota.org)

GREATER MINNESOTA

Please return the entire completed application to:

**Abdikadir Sugulle**  
**African Development Center**  
1961 Premier Drive, Suite 240  
Mankato, MN 56001  
Phone: 507-388-1363 or Toll-free: 1-877-232-4775  
[asugulle@adcmnnesota.org](mailto:asugulle@adcmnnesota.org)