

## **Martindale Brightwood CDC Microenterprise Program Cohort 2025 Application**

Thank you for your interest in our Small Business Cohort! This program is designed to help low to moderate-income business owners grow and sustain their businesses.

### **Program Overview:**

- **Cohort-based** model with a supportive peer network
- **Six required** workshops covering key business topics
- **Optional 1:1 consulting services** in marketing, legal, or accounting support

Please review the eligibility requirements and complete this form to help us assess your business needs and determine your eligibility. We look forward to supporting your entrepreneurial journey!

### **Eligibility**

To ensure participants gain the most value from this program, applicants must meet the following eligibility criteria:

#### **1. Business Status & Stage**

- Must be a legally registered business (LLC, sole proprietorship, nonprofit, etc.) OR a startup in the process of registering.
- Business should be in operation for at least 6 months to 3 years OR have a well-developed business plan for launch.

#### **2. Commitment & Participation**

- Must be willing to commit to the full duration of the cohort, attending at least five scheduled sessions.
- Active participation in discussions, assignments, and coaching required.

#### **Cohort Meeting Dates (5:30-8:00pm):**

1. Monday, March 24
2. Wednesday, March 26
3. Monday, March 31- Free Headshots (optional)
4. Monday, April 21
5. Tuesday, April 22
6. Monday, May 12
7. Tuesday, May 13

### 3. Business Focus & Alignment

- Business must align with ethical and legal industry standards.
- Open to entrepreneurs across industries, with priority given to businesses focused on community impact, innovation, or economic empowerment.

### 4. Financial Standing

- Must demonstrate financial need or a commitment to business growth (e.g., seeking funding, scaling operations, or improving business strategies).
- Must have a basic financial plan, including revenue model or projected earnings.

### 5. Personal & Professional Growth

- Open to first-time entrepreneurs or small business owners looking to refine their strategy.
- Must be coachable, willing to learn, and open to feedback from mentors and peers.

## APPLICANT INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Contact Method:  Phone  Email  Text

## BUSINESS INFORMATION

Business Structure:  Sole Proprietor  LLC  Corporation  Partnership  Nonprofit

Other: \_\_\_\_\_

Business Industry: \_\_\_\_\_

How long have you been in business?

- Startup (0-1 year)
- 1-3 years
- 3-5 years
- 5+ years

Number of Employees (including yourself):  1  2-5  6-10  11-20  20+

Annual Business Revenue (Estimate):  Under \$10,000  \$10,000-\$50,000  \$50,000-\$100,000  \$100,000+

Do you currently have a business bank account?  Yes  No

Do you have a business plan?  Yes  No  In Progress

***Did you receive technical assistance from Martindale Brightwood Community Development Corporation in 2023 or 2024? If yes, please mark the services you received:  Marketing  Legal  Bookkeeping***

What are your biggest business challenges? (Check all that apply)

- Funding/Access to Capital
- Marketing & Branding
- Business Strategy
- Legal & Compliance
- Operations & Scaling
- Financial Management
- Other: \_\_\_\_\_

### **INCOME & CREDIT VERIFICATION**

This program is intended for low to moderate-income business owners. Please provide the following information:

Household Size: \_\_\_\_\_

Household Income: \_\_\_\_\_

Annual Household Income Range:

- Under \$25,000
- \$25,000 - \$50,000
- \$50,000 - \$75,000
- \$75,000 - \$100,000
- \$100,000+

Current Credit Score Range:

- Below 500
- 500 - 599
- 600 - 699
- 700 - 799
- 800+

\* Please note you will provide an updated credit score at the last session. \*

### **PROGRAM INTEREST & GOALS**

Why are you interested in joining this cohort?

What specific goals do you hope to achieve through this program?

Are you able to commit to attending all program sessions?  Yes  No

Are you willing to participate in program surveys and follow-up assessments?  Yes  No

### **ADDITIONAL INFORMATION**

How did you hear about this program?

- Social Media  Website  Referral  Community Event  Other: \_\_\_\_\_

Anything else you'd like us to know?

### **SIGNATURE**

By signing below, I certify that the information provided is true and accurate to the best of my knowledge and I acknowledge the eligibility requirements.

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

Thank you for your application! We will review your submission and follow up with next steps. If you have any questions, please contact Chenille Barrett, Director of Small Business at [cmbarrett@mbcdc.org](mailto:cmbarrett@mbcdc.org).