

Small Business Support Application



Company Name _____

Contact Person _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Email _____ Phone (____) _____ Fax (____) _____

Website Address _____

Is your business: New or Existing Since: _____

Current Number of Employees _____ Current Sales Revenue, if any \$ _____

Form of Ownership:

- Partnership Corporation Subchapter Sole Proprietor

Please check the types of projects in which you are requesting assistance:

- | | |
|---|---|
| <input type="checkbox"/> Market Research and Analysis | <input type="checkbox"/> Marketing Plan Development |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Business Plan Development |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Technology Development |
| <input type="checkbox"/> Feasibility Study | <input type="checkbox"/> Other _____ |

Organization Description _____

Who is your target market? _____

Estimate the investment to date in the business and the source of funds:

SOURCES

AMOUNT

Loan \$ _____

Personal Resources \$ _____

Private Investors \$ _____

Government Grant or Contract \$ _____

Total \$ _____

	Current Year	Year 1	Year 2	Year 3	Year 4
Assets					
Liabilities					
Equity					
Sales					
Net Income					

Estimate the total number of employees (including principals) anticipated:

At the time of occupancy: Full-time _____ Part-time _____

One year later: Full-time _____ Part-time _____

Two years later: Full-time _____ Part-time _____

Does the company currently utilize outside professional advisors (i.e., accountants, lawyers, etc.)?

Yes _____ No _____

What are your core competencies?

Describe your project request in detail. Please be specific when describing the scope of your project.
(Attach a separate sheet if necessary)

Small Business Support Application Checklist

Please make sure to include the following items, if available, with your application:

- Completed application form provided.

- Resumes of all active principles.

- Business Plan - Including, but not limited to, a market analysis, financial projections, funding requirements, background on management team.

I certify that the enclosed information is true and accurate to the best of my knowledge. I understand that by submitting this application, I am not guaranteed funding.

Signature Corporate Designee

Submit materials to:

ASG, Inc.
Attention: Tracy Hartman
P.O. Box 1856
Muncie, IN 47308-1856

Apply online at www.GrowthStartProject.com