



Capacity Build Program Application



General Information

Company Name: _____ Number of employees: _____

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: _____ Email: _____

Federal Tax ID: _____

Type of Business (Corporation, LLC, Partnership, etc): _____

In which state(s) is the company incorporated/registered in? _____

Annual Revenue: 2017 _____ 2018 _____

Certification

Are you certified as a YES NO
LGBT/M/W/DBE: ☐ ☐

If yes, please provide the agency(ies) with whom you are certified and the certification number(s):

Please describe the product(s) or service(s) your company provides:

If a corporation, please complete the following:

- a. Date of incorporation: _____
- b. State of incorporation: _____
- c. President's Name: _____
- d. Vice President's Name: _____
- e. Secretary's Name: _____
- f. Treasurer's Name: _____

Is your company a partially or wholly owned subsidiary or division of another concern? YES ☐ NO ☐

If yes, please enter name and address of parent company:

Is your company a partnership? YES ☐ NO ☐

If yes, please provide date of organization, name and address:

Does your company hold any professional license(s)? YES ☐ NO ☐
If yes, please provide details:

Financial Information

Branch: _____ From: _____ To: _____

Address: _____

Contact name and phone: _____

Signature

The foregoing information was completed from the records that are available to me and I declare that the information is true and accurate within the limitation of those records and to the best of my knowledge.

Signature: _____ Date: _____



Capacity Build Program Vision Statement



Your **Vision Statement** should give us a clear indication of the goals and objectives for your company. Consider this to be a hybrid executive summary of a business plan or marketing plan. Below are some sample questions from various categories that you should use to guide your Vision Statement. Please limit your remarks to two (2) pages and attach it to your application.

Mission Statement

Who is your competition and what sets you apart?

How do you position your Products/Services?

What are the benefits to doing business with your company?

What are the goals of your company for the next five years?

What do you hope to get out of this Capacity Build Program?
