

Artists Planning for Profit Program Application

Please fill out the program application as soon as possible, by October 7, 2008, at the latest. Once your application is approved, you can register and pay the \$250 fee. The fee can be paid in two installments, with the first installment of \$125 due by October 15, 2008 and the second installment of \$125 due by January 31, 2009.

Please note that the real cost of the program is \$1,000. This program is partially funded by UW-Extension and Wisconsin Department of Commerce grants.

Please fax the application at: 608.785.6919 or mail it to:

UW-La Crosse Small Business Development Center
Attn: Martina Skobic
120 Wimberly Hall
1701 Farwell Street
La Crosse, WI 54601

The first session will be held on Tuesday, October 21, 2008 from 5:00 -8:00 p.m. The final session will be held on June 16, 2009.

Attendance is critical to understanding the material.

You will be required to turn in your written business plan three months after the end of ETP (by September 30, 2009).

APPLICATION APPROVAL:

1. Should your application be denied, you will receive a letter stating the reason for denial.

CLASS CONCLUDES:

1. At the last session, all participants will receive a certificate of completion. One-on-one business counseling sessions at UW-La Crosse or other participating SBDC centers may continue.
2. Your complete written business plan must be turned in to the SBDC staff no later than September 30, 2009.

Please contact Martina Skobic at UW-La Crosse SBDC at 608.785.8105 or Skobic.mart@uwlax.edu if you have any questions or concerns.

Applicant Information
(Name of individual applying for ETP) Salutation: Ms. Mrs. Mr. Dr. First: Middle initial: Last:
Business Name (if available):
Street Address:
City: State: Zip Code: County:
Phone Number: E-mail address:
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White
Are you of Hispanic Ethnicity? Yes No Gender: Male Female
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran Status: <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Connected Disabled Veteran
Military Status: <input type="checkbox"/> Not Military <input type="checkbox"/> Reserve/National Guard <input type="checkbox"/> On Active Duty
Business Information
Business Status: <input type="checkbox"/> Nascent (not yet in business) <input type="checkbox"/> Startup <input type="checkbox"/> Established <input type="checkbox"/> High Growth
NAICS (if known):
<i>If you indicated that you are in business (startup, established, or high growth) please provide the information below. If your business is nascent, proceed to the "Additional Information" section.</i>
Female Ownership (0-100%): Business Start Date (MM/DD/YYYY):
Business Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Undecided
Number of Employees: FT: PT: Annual Sales \$\$: Annual P/L \$:

**Additional Information about your proposed or existing art business
(used to evaluate your application)**

- 1) What is your art/craft business idea (include products or services)?
- 2) Who is the customer (to whom are you selling)?
- 3) Why will people buy your art or craft related products or services (what makes your idea special)?
- 4) What makes you think you will be successful?
- Relevant education:

 - Relevant previous experience:

 - Partners and management:

 - Funding sources:

 - Other:

THE APPLICANT

- Certifies that to the best of his/her knowledge and belief, the information being submitted on this application is true and correct.
- Understands that admission to ETP is a competitive process and that not all applications are funded.
- Certifies that the \$250 fee provided by the applicant is not provided by other state sources.
- Agrees to complete and submit two evaluation surveys: one at the end of the course and the other eighteen months after completing the course.
- Agrees to release a copy of the business plan to be funded by this application to the SBDC.
- Applicant certifies that he/she has not declared bankruptcy during the past 12 months.
- Understands that only one individual per business is eligible to receive an ETP grant.

I understand and agree to these terms.

Applicant Signature _____

Date _____

Printed Name _____

Title _____