

WREN CDBG MICROENTERPRISE GRANT ELIGIBILITY SURVEY & APPLICATION
Help Us Help You

Your responses help us determine if you are eligible for up to three years of business development support at no cost, as well as a free WREN business or retail vendor membership. Your responses also help us document the services needed for grant reporting to the New Hampshire CDFA. Please submit this form AND a signed Family Income Verification Form to WREN staff (via email, in person, or mailed to PO Box 331, Bethlehem, NH 03574). All information shared on this form will be held in strict confidence and used only for the purposes of grant reporting to funding authorities.

PART 1: ABOUT YOU *This section is required.*

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Are you a NH Resident? *Circle one.* Yes No

If yes, please circle the county in which you reside:

Belknap Carroll Coos Grafton Sullivan Other: _____

Please complete and sign a Family Income Verification Form appropriate for your county of residence. FIVFs are available at wrenworks.org/grants or provided by WREN staff.

Please circle all identifiers that apply to you. This information is required by the NHCDDFA for reporting purposes and identifying additional funding opportunities.

BIPOC LGBTQIA+ Gender non-conforming Immigrant Disabled

PART 2: YOUR BUSINESS *This section is required. If you do not yet own a business but hope to start one, please fill out as you are able with your business plans.*

Business Name: _____

Year business started: _____ Business website: _____

Business address: _____

Brief description of business:

If applicable, for the prior (completed) year, please provide:

Business Income: \$ _____ Business Expenses: \$ _____ Net profit (*income minus expenses*): \$ _____

Number of employees (*count yourself*): Full time: _____ Part time: _____

Total wages & salaries paid: \$ _____ Total owners draw taken (*if any*): \$ _____

Total business loans taken (*if any*): \$ _____ Total grants received (*if any*): \$ _____

Please identify name or provider of any business grants received: _____

Total personal equity investment in business (*if any*): \$ _____

If applicable for the current year, please provide estimates of:

Business Income: \$ _____ Business Expenses: \$ _____ Net profit (*income minus expenses*): \$ _____

Number of employees (*count yourself*): Full time: _____ Part time: _____

Total wages & salaries paid: \$ _____ Total owners draw taken (*if any*): \$ _____

Total business loans taken (*if any*): \$ _____ Total grants received (*if any*): \$ _____

Please identify name or provider of any business grants received: _____

Total personal equity investment in business (*if any*): \$ _____

PART 3: SERVICES NEEDED *This section is required.*

Briefly describe your business development goals for the next year:

If you are enrolled in any programs with the following organizations, please circle:

Grafton Regional Development Corp. UNH/SBDC Pathways to Work Program Hannah Grimes Center
Northern Community Investment Corp. (NCIC) Regional Economic Development Center (REDC)

What types of WREN assistance would be useful to you? Check all that you would like to explore:

- Developing a business plan
- Developing a marketing plan
- Expanding market by selling your products in the Store and/or Gallery at WREN
- One-on-one business development coaching for help with marketing, operations, or financial management
- Branding & packaging feedback
- Below-market rate office space
- Increasing visibility/sales by participating in WREN community events (outdoor block parties, holiday artisan fairs, etc.)
- Other: _____

What class/workshop topics are you interested in?

- Growing my business
- Finding markets/target audiences
- Marketing/Branding
- Social Media Marketing
- Content Creation
- Product Photography/Styling
- Financial management
- Business organization
- Other: _____

What is your number one goal for your business in the next year?

Anything else you would like us to know?

Signature: _____ Date: _____

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Staff Contact: _____ Date Received: _____