

# Welcome to the Hannah Grimes Center!

1. **Full Name:** \_\_\_\_\_
2. **Your email:** \_\_\_\_\_ 3. **In what year were you born?:** \_\_\_\_\_
4. **Phone number (with area code):** \_\_\_\_\_ 5. **Would you like to join our newsletter?:** Y / N
6. **Are you starting a business or working on an existing one?** \_\_\_\_\_
7. **Business Name (if applicable):** \_\_\_\_\_ 8. **Year business started** \_\_\_\_\_
9. **Tell us about your business or idea:**
10. **Is your business/organization currently registered with a State?:** Y / N
11. **How did you hear about us?** \_\_\_\_\_
12. **Business address:**

I request business counseling assistance from the Hannah Grimes Center. I understand that any information disclosed will be held in strict confidence, and used only to verify that HGC is meeting the requirements of the grant program through which it is funded. (HGC will not provide your personal information to commercial entities.) I understand that the Center and its volunteers, Board, and associated professionals hold all disclosed business information in strict confidence at all times.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please fill out the following financial information to the best of your ability.

**Estimates are acceptable!** If you are just starting out, you do not need to complete the financial information.

Financials	Description	2020
Income	<b>Income</b> is the revenue of the business, or the total sales.	
Expense	<b>Expenses</b> are all expenses incurred by the business.	
Net profit	<b>Net profit</b> is revenue subtracted by <u>all</u> expenses	
Debt capital raised	<b>Debt capital</b> is any loan that is to be paid back in full at a future date.	
Equity capital raised	<b>Equity capital</b> is any money that has been invested by an outside investor for shares of the company.	
Personal equity invested	<b>Personal equity</b> is the amount of money you have invested as an owner of the business.	
Owner(s) draw	<b>Owners draw</b> is a withdrawal of cash or assets from a sole proprietorship. <i>Not</i> a salary.	
Staffing		
FT positions (including self)	<b>FT positions</b> are salaried and hourly employees (at 40hrs/wk) paid to work for your company.	
PT positions (including self)	<b>PT positions</b> are any employees paid to work 20 hours/wk at your company.	
Salaries and wages paid (\$)	<b>Salaries and wages paid</b> to all of the company's employees, including the owner's W-2. <i>Not</i> owner's draw.	
Business performance satisfaction	1 being the lowest, 10 being the highest	
Personal performance satisfaction	1 being the lowest, 10 being the highest	

As a recipient of services at the Hannah Grimes Center, you may be followed up with in future years to report on your progress and performance. You will not be added to any distribution list without your explicit permission.

# ECONOMIC DEVELOPMENT

## Cheshire County FAMILY INCOME VERIFICATION FORM – 2020

MUNICIPALITY: _____	APPLICANT NAME: _____
NAME OF BUSINESS: _____	POSITION BEING APPLIED FOR: _____
ADMINISTRATOR: _____	CURRENTLY EMPLOYED? YES _____ NO _____
	N/A for micro business beneficiaries

The Above Business has benefited from funding provided to the Municipality, above, by the Community Development Block Grant (CDBG) program. The program requires that all applicants must complete the following verification. If you have questions, contact the Grant Administrator, listed above. Your assistance in the completion of this form is greatly appreciated. It will be held in **strict confidence**, and used only to verify that we are meeting the requirements of the grant program.

Please complete all fields above and both portions of the form – Part I and Part II

### PART I INCOME AND HOUSEHOLD DATA

Please choose the row that represents your family size and circle the Income Category that best describes your family income. Family income includes wages and salaries, interest, net business income, social security, pensions, alimony received, VA benefits, and educational benefits received by all family members living at home. Alimony paid may be deducted. This verification form should reflect your current family income. This data is required by the CDBG program.

Number of Persons in Family	Income Category A	Income Category B	Income Category C	Income Category D
1	\$0 to \$18,200	\$18,201 to \$30,300	\$30,301 to \$48,450	\$48,451 +
2	\$0 to \$20,800	\$20,801 to \$34,600	\$34,601 to \$55,400	\$55,401 +
3	\$0 to \$23,400	\$23,401 to \$38,950	\$38,951 to \$62,300	\$62,301 +
4	\$0 to \$26,200	\$26,201 to \$43,250	\$43,251 to \$69,200	\$69,201 +
5	\$0 to \$30,680	\$30,681 to \$46,750	\$46,751 to \$74,750	\$74,751 +
6	\$0 to \$35,160	\$35,161 to \$50,200	\$50,201 to \$80,300	\$80,301 +
7	\$0 to \$39,640	\$39,641 to \$53,650	\$53,651 to \$85,850	\$85,851 +
8	\$0 to \$44,120	\$44,121 to \$57,100	\$57,101 to \$91,350	\$91,351 +

### PART II RACE, ETHNICITY AND HOUSEHOLD DATA

Data with regard to (1) Household Status; (2) Racial Characteristics and (3) Ethnicity information – in expanded categories – is being requested, in order to measure the impact of the program on the diverse population of the U.S.

Please circle the appropriate racial, ethnic, familial status, age, and handicapped category that applies to you. A number of categories may apply to you. Please note this information will be used for analysis purposes only. We ask you to provide this information on a voluntary basis. If you do not wish to provide the information, you may refuse to do so.

#### CIRCLE ALL IN EACH CATEGORY THAT APPLY

#### RACE

White  
 Black or African American  
 Asian  
 American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native & White  
 Asian & White  
 Black or African American & White  
 American Indian or Alaska Native & Black or African American

#### ETHNICITY

AND Hispanic or Latino  
 NOT Hispanic or Latino

#### HOUSEHOLD

Elderly (62 + years)  
 Handicapped  
 Female Head of Household  
 Not Applicable

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date