



Comprehensive Action



Plan Plus (CAPP)

Application Form

The Arizona SBDC Network is partially funded through a cooperative agreement with the U.S. Small Business Administration. The SBA's funding is not an endorsement of any products, opinions, or services. All SBA funded programs are extended to the public on a nondiscriminatory basis.

Reasonable arrangements for persons with disabilities will be made if requested at least two weeks in advance.

Thank you for your interest in the Maricopa Community Colleges SBDC **Comprehensive Action Plan Plus (CAPP)** program. The information provided with this application will be used solely for the purpose of making admission decisions. The information on your business will not be used or seen beyond the SBDC selection committee.

Name: _____ **Work Phone:** _____

Name of your Business: _____ **Home Phone:** _____

Title: _____ **Fax Number:** _____

Web site: _____ **E-Mail Address:** _____

Business Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Home Address: _____ **City:** _____ **State:** ____ **Zip:** _____

1. How did you learn about the Comprehensive Action Plan (CAP) program? Check one.

- | | | |
|--|---|---|
| <input type="checkbox"/> City of Phoenix | <input type="checkbox"/> E-mail notification | <input type="checkbox"/> Information flyer/brochure |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Local sponsor mailing |
| <input type="checkbox"/> Radio | <input type="checkbox"/> SBA | <input type="checkbox"/> SBDC |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other (specify): _____ | |

2. Please list the top three reasons for applying:

1. _____
2. _____
3. _____

3. What is the main activity of your business? Check one.

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Arts/crafts | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Mechanical Repair | <input type="checkbox"/> Retail/
Merchandising | <input type="checkbox"/> Wholesale/
Distribution |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Health Services | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Technology | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Consumer Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Restaurant/Bar | <input type="checkbox"/> Other (Specify): _____ | |

4. Please describe your business: _____

5. Are you the primary owner/operator of your business?

- Yes
- Not an owner (Part of the Management Team)
- One of several owners

6. What is the current form of ownership of your business? Check one.

- Limited Liability Company General Partnership C-Corporation
- Sole Proprietorship Limited Partnership S-Corporation

7. How long have you been operating/managing this business? _____ years

8. How would you best describe the status of your business today? Check one.

- Growing market Expanding the business, more than 2 yrs. old
- Stable market Declining market, concern for survival

9. Including yourself, how many people does your business presently employ?

Number of part-time employees: _____ Number of full-time employees: _____

9a. How many members comprise your management team? _____

10. What was your gross sales revenue for the following years and current projections?

- 2004 Gross sales revenue: \$ _____
- 2005 Gross sales revenue: \$ _____
- 2006 Gross sales revenue to present: \$ _____
- 2006 Gross sales projection: \$ _____

11. How did you become connected with your business? Check one.

- I started it I joined my family in operating it
- I am expanding a part-time business I purchased a franchise
- I purchased it Other (Specify): _____
- I do not own, but I am the manager

PLEASE: Fax application to 602-230-7989
or Mail application to:
MCCD Small Business Development Center
Attn: John Henry Smith
2400 North Central Avenue, Suite 104
Phoenix, Arizona 85004

If you have questions please call 480-784-0593.

Applicant Signature

Application Date