

Job & Business Development



Thank you for you for applying for assistance through Couleecap's Job and Business Development Program.

Before you can get enrolled in this program, you will need to fill out the following documents:

- ✓ Initial Contact Form
- ✓ Basic Business Planning Form
- ✓ Entrepreneur Profile
- ✓ Job and Business Development Program Agreement

Additionally, please return with these documents proof of your income. This may include but is not limited to:

- ✓ Your last 6 weeks of paystubs
- ✓ Proof of child support received
- ✓ Social security/Disability award letter or proof of amount received
- ✓ Last year's Federal Tax Return with Schedule-C

Please return your documents by:

- Mail: Couleecap Inc  
Attn: Andrew Londre  
2101 Victory Street Suite C  
La Crosse, WI 54601
- Fax: 608-782-4877
- Email: [Andrew.londre@couleecap.org](mailto:Andrew.londre@couleecap.org)

You will be given approximately two weeks to fill out the following packet of information and submit it along with your proof of income. Once these documents are completed, submitted to Couleecap, and reviewed by Couleecap staff, it will take approximately two weeks to determine whether or not to enroll you in our Job and Business Development Program. You may call at any time to inquire about the status of your application.

Couleecap business development staff will contact you within a week from the date you submit the following packet of information.

*Andrew Londre*

Business and Income Developer

Couleecap Inc

2101 Victory Street

La Crosse WI, 54601

## Couleecap Business Development Initial Contact Form

Full Name:	Mailing address:
Home phone:	City, State, Zip:
Cell phone	Email address:
Estimated current household annual income:	

Give a brief description of your business or business idea:

  
  
  
  

How many hours a week do you plan to dedicate to your business?	Did you file a Schedule C with last year's tax returns listing your business?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
What do you anticipate your annual net income (income minus expenses) to be from your business?	

### Service Selection Exhibit

What type of help or information would benefit you in starting/expanding your business? Select from options below

<input type="checkbox"/> Drafting a business plan	<input type="checkbox"/> What it means to be an entrepreneur / business owner	<input type="checkbox"/> Establishing an online presence for your business
<input type="checkbox"/> Understanding taxes	<input type="checkbox"/> How to finance a business	<input type="checkbox"/> Public speaking skills
<input type="checkbox"/> Understanding accounting basics	<input type="checkbox"/> Biz Registration / Incorporation	<input type="checkbox"/> Personal debt

Other:

### Demographic Information

*Providing the information below is strictly voluntary; however failure to provide accurate information may not allow staff to identify special funding or support sources for you.*

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N	Single parent? <input type="checkbox"/> Y <input type="checkbox"/> N	
Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian, Pacific Islander <input type="checkbox"/> Native American			
Other:			

Are you enrolled or do you receive assistance from any of these programs:

Food Stamps  Childcare subsidy  Medical Assistance  BadgerCare  W-2  TANF  FSET

Fill this form out to the best of your abilities

## Basic Business Planning Information

Name of Business:

Legal Formation:

What makes your business special/different?

Anticipated Sales  
in Year 1:

Anticipated Sales  
in Year 2:

Anticipated Sales  
in Year 3:

### Customers

What will your customers get out of your business that they will find valuable?

Who are your targeted consumers?

How will you get your product to your customer?

Who is your competition?

### Resource Identification

What key resources will you need to make your product or service happen?

What key partners will be important to your business?

What key activities will be involved in your product/service?

### Which marketing strategies will you be using? How much will you spend?

\$ Social Media	\$ Industry Directories	\$ Print Advertising
\$ Online Advertising	\$ Industry Trade Shows	\$ Brochures
\$ Website (+SEO)	\$ Yellow Pages	\$ TV or Radio

Other:

### Financial Information

How many products or services will you be offering? (Revenue Streams)

How many days do you wish to pay your  
bills (Accounts Payable)?

How many days do you wish to receive payment for your  
sales? (Accounts Receivable)?

What is your company's starting cash balance on the day you start the business plan?

What percentage of the company's customers will you extend credit to?

Do your customers pay in advance or at the point of sale?

How much do you plan to pay yourself?

How much do you plan to invest back in the company?

How much of your earnings do you plan to save?

### **Industry Information**

Which Category is your business? Food Manufacturing/Product Service

Will you need licenses or certificates for your business? If yes, which ones?

Will you need insurance?

*Fill this sheet out completely*

## Entrepreneur Profile

Do you think building your own business will be hard? Explain why or why not?

What would you do if things became very difficult?

If you found out that someone else is already doing what you are doing, what would you do?

When you don't know how to do something, is your first instinct to learn how to do it, or find someone who can do it for you?

Is there anything you are not willing to learn how to do?

When something goes wrong, how do you react?

Who is going to make your business a success?

**Program participant should initial next to all conditions**

## Job and Business Development Program Agreement

**In order for Couleecap to provide services to Job and Business Development Program participants in an effective and efficient manner, we need all participants to follow through with the following program conditions. By initialing and signing below you are stating that you will follow through with all the program conditions, including:**

- \_\_\_\_\_ 1. Provide required documents (Initial Contact Form, Basic Business Planning Information Form, Entrepreneur Profile, Credit History Authorization, Proof of Income, etc.) within a week of the date requested.
- \_\_\_\_\_ 2. Keep in regular contact with the Program Coordinator at least once a month to update him on progress and any areas of concern. JBD participants are encouraged to communicate with the Program Coordinator however they feel most comfortable. However, the JBD participant must, at least once a month, contact the Program Coordinator by phone or in person.
- \_\_\_\_\_ 3. Respond to all phone calls/emails/letters from the Program Coordinator within three days.
- \_\_\_\_\_ 4. The entrepreneur must maintain an active email account and respond to all emails sent by the program coordinator unless this term is waived by the Program Coordinator.

Email requirement waived by Program Coordinator \_\_\_\_\_

*Staff Signature*

**In addition, the program participant understands the following:**

- \_\_\_\_\_ 5. Starting a business is not easy. Entrepreneurship is not for those who cannot deal with frequent setbacks.
- \_\_\_\_\_ 6. The entrepreneur is ultimately responsible for the success or failure of his/her business.
- \_\_\_\_\_ 7. Couleecap has limited time and financial resources to administer this program, and as such, Couleecap may not be able to assist participants with all aspects of their business. However, as long as the program participant follows through with what is expected of them, Couleecap will assist the program participant accomplish all items selected by the participant on the *Services Selection Exhibit*.
- \_\_\_\_\_ 8. It is up to Couleecap staff whether or not we assist the Program Participant with items not listed on the *Services Selection Exhibit*.
- \_\_\_\_\_ 9. Couleecap JBD Staff is here to help. Couleecap is not here to do the work for you. Couleecap will never do more work to establish your business than you.
- \_\_\_\_\_ 10. If any of the of the nine previous conditions are not met or are broken, Couleecap reserves the right to discontinue assistance to the entrepreneur and remove them from the program at any time.

\_\_\_\_\_  
Program Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator Signature

\_\_\_\_\_  
Date

Fill this sheet out completely

## Disclosure Agreement

One of the most important parts of Couleecap's Job and Business Development program is connecting our clients with the best available existing resources.

Couleecap's JBD staff has great access to many experts who are ready and willing to help you achieve success in your new venture; however, we will only consult with those other experts on matters related to the development of your business with your permission.

In order to ensure our Job and Business Development clients attain the best possible technical assistance through our program, it is common for JBD staff to reach out to other economic development professionals and consultants for input on what our JBD clients bring to us – be it the entrepreneurs business concept, business plan, financial forecasts, marketing strategies and or other matters.

We take the protection of your intellectual property (IP) very seriously and consult only with trusted small business development professionals.

*As of 11/15/13 our network of consulting experts includes:*

**La Crosse County:**

- UW-L Small Business Dev. Center
- SCORE
- La Crosse County Econ. Dev. Staff
- City of La Crosse Econ. Dev. Staff
- LADCO
- Downtown Mainstreet
- Coulee Region Business Center
- Western Technical College Business Dev.

**Vernon County:**

- VEDA
- Fifth Season Cooperative
- Frank Kroncke, Business Consultant

**Others:**

- WEDC
- Terry Whipple, Business Consultant

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Program Participant Signature

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Date

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Program Coordinator Signature

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Date