

City of Cambridge Entrepreneurship Assistance Program

2015-2016 Class Guidelines and Application for Program Enrollment

OVERVIEW:

The City of Cambridge Entrepreneurship Assistance Program is a collaboration between The Capital Network and the City to provide training to early-stage entrepreneurs. The Capital Network (TCN) provides an Accelerated Education Program (AEP). AEP is a six-month workshop series on fundraising education for early-stage entrepreneurs. AEP is designed to incorporate the guidance of many former or current entrepreneurs and members of the majority of angel groups and venture capital firms in the New England area. The AEP program is provided on a rolling schedule and workshops are kept small for entrepreneurs to ask questions for his or her business and funding needs.

The Cambridge Entrepreneurship Assistance Program provides six (6) HUD eligible Cambridge early-stage entrepreneurs in the clean energy, consumer products, high tech, and life sciences clusters with the opportunity to participate in The Capital Network's AEP Program.

Applications will be taken first come, first serve. Rolling applications will be taken until May 1, 2016

GUIDELINES & ELIGIBILITY:

Applicants must meet ONE of these three requirements in order to participate:

REQUIREMENT OPTION ONE:

Program Applicant must LIVE OR WORK INSIDE the Neighborhood Revitalization Strategy (NRS) areas (see attached map of the NRS areas):

Applicant automatically meets eligible requirements if **one of** the following applies:

- Applicant is a small clean energy, consumer products, technology or life science **business located in one of two Neighborhood Revitalization Strategy Areas (NRS)** of the City of Cambridge

REQUIREMENT OPTION TWO:

- Applicant is the owner of a Cambridge business located outside the NRS but the owner **lives in one of the NRS areas.**

REQUIREMENT OPTION THREE:

- Own a Cambridge business with 5 or fewer employees, including the owner(s), who must have family incomes falling within the very low or low-moderate income ranges.

***Definition of Family** - All related, immediate family members living in the same household.

e.g.: husband, wife, children, grandparents, aunts, uncles, cousins.

OF FAMILY MEMBERS

LOW-MODERATE FAMILY INCOME

1-member	_____	Up to \$48,000
2-member	_____	Up to \$55,800
3-member	_____	Up to \$62,750
4-member	_____	Up to \$69,700
5-member	_____	Up to \$75,300
6-member	_____	Up to \$80,900
7-member	_____	Up to \$86,450
8-member+	_____	Up to \$92,050

**ENTREPRENEURSHIP ASSISTANCE PROGRAM APPLICATION
AND BENEFICIARY INFORMATION**

The City of Cambridge funds the Entrepreneurship Assistance Program with Community Development Block Grant funding from the Federal Housing and Urban Development Department (HUD). HUD requires that we obtain the following information from all applicants to the Program. This information is used by the City to determine the eligibility of the applicant under HUD guidelines and is not shared with an outside party.

You must be eligible in order to participate in the Program. The information you provide on this application is kept in strict confidence. Please complete all applicable spaces on this document and **be sure to sign and date it on the last page.**

SECTION A: **Please Print**

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE _____ BUSINESS E-MAIL _____

OWNER/MANAGER NAME(S): _____

HOME ADDRESS(ES): _____

SECTION B:

1. Is your business establishment located in one of the Neighborhood Revitalization Strategy Areas (NRS) (within the shaded areas of the attached map of the City of Cambridge)? Check one - ___ YES ___ NO

OR

2. Is the business owner's residence located in one of the NRS areas and your business located in another part of Cambridge? Check one: ___ YES ___ NO

If you answered YES to either question 1 or 2, please skip to Question 6. If you answered NO, please continue completing the document.

3. Is your business a micro-enterprise? Please check the line that indicates the total number of people your company employs:

A. Five employees or less, **including the owner** (micro-enterprise) _____

B. More than five employees, including the owner _____

If you checked A to question 3, please continue completing this entire document. If you checked B to Question 3, please skip to the end and sign and date this document.

4. What is the total number of members in your **family***: _____

***Definition of Family** - All related, immediate family members **living in the same household**.

e.g.: husband, wife, children, grandparents, aunts, uncles, cousins.

5. Please check the category in which the **combined gross annual income** of your **family** falls. (Include all sources of family income, as defined above):

# OF MEMBERS IN FAMILY	VERY LOW- INCOME	LOW-MODERATE INCOME
1-member	_____ up to \$34,500	_____ \$34,501-\$48,800
2-member	_____ up to \$39,400	_____ \$39,401-\$55,800
3-member	_____ up to \$44,350	_____ \$44,351-\$62,750
4-member	_____ up to \$49,250	_____ \$49,251-\$69,700
5-member	_____ up to \$53,200	_____ \$53,201-\$75,300
6-member	_____ up to \$57,120	_____ \$57,121-\$80,900
7-member	_____ up to \$61,100	_____ \$61,101-\$86,450
8-member+	_____ up to \$65,050	_____ \$65,051-\$92,050

If your family income does not fall within these ranges, please skip to the end and sign and date this document. If it does, please continue and complete the entire document.

6. Ethnicity: Check **only the one** that applies to you: _____ Hispanic or Latino
_____ Not Hispanic or Latino

7. Race: Check **one or more** that apply to you:

___ American Indian or Alaska Native _____ Asian *and* White
___ Asian _____ Black or African American *and* White
___ Black or African American _____ American Indian or Alaska Native
___ White _____ American Indian or Alaska Native
and Black or African American
___ Native Hawaiian or other Pacific Islander _____ Other multi-racial

8. Do you have a **DUNS number** for your business? Check one - ___ YES ___ NO

A. If YES, please provide the DUNS number: _____

B. If **NO**, please request a **DUNS number** for your business and send the assigned number to Pardis Saffari, at psaffari@cambridgema.gov. Follow the instructions on the attached D-U-N-S Number Information Sheet. Please note that applications may be submitted prior to obtaining a free DUNS number.

9. BUSINESS DESCRIPTION

i. Business Structure: corporation ___ sole proprietorship partnership ___

non-profit ___ limited liability company ___

ii. Sector: consumer products ___ mobile ___ high tech ___

life sciences ___ clean tech ___ other: _____

iii. Years in business: _____ If less than one year, check here: _____

iv. Business Stage:

seed ___ startup ___ growth ___

iv. Please provide a brief description of your business:

v. Company URL: _____

vi. Have you ever applied for venture, angel or other funding for your company? If yes, please explain briefly the outcome.

10. EMPLOYEES

Please give the **number of employees** you currently have in Cambridge (including the owner):

_____ Full time

_____ Part time

Section C

Declarations – Please provide details below on any question with a YES response.

1. Does the applicant or co-applicant owe any property taxes to the City of Cambridge?

YES NO

2. Is the applicant or co-applicant, a political party, a campaign, a candidate a public official or foreign political official or an immediate family member of such an official, or a business entity formed by or for the benefit of any public official?

YES NO

If yes to any of the above questions, please provide details here:

Section D

1. In the space below (no more), please tell us why you feel participating in the Cambridge Entrepreneurship Training Program would benefit you and your business. *What would you do once you get funded? In what ways do you need to build your network?*

2. As an entrepreneur, what keeps you up at night?

I certify that the information I have provided on this form is true and accurate to the best of my knowledge.

I understand that the information provided in Section B of this form is subject to verification by HUD.

I understand that the City of Cambridge will contact me, one year from the date of start and/or completion of The Capital Network's Accelerated Entrepreneurship Program to follow up on the results of the training.

I understand that if I do not show up for the first AEP workshop I register for (without telling the TCN and/or the City of Cambridge), that I will forfeit my place in the Program.

Print Company Name _____

Owner(s) Signature _____ Date _____

Print Owner Name(s) _____

Federal Tax ID#: _____

Rolling Application Deadline: May 1, 2016