



NDC FOOD INDUSTRY TRAINING APPLICATION

The Neighborhood Development Center (NDC) is a community-based non-profit organization that works in the inner cities of St. Paul and Minneapolis helping emerging entrepreneurs build successful businesses that serve their communities and helping community groups build stronger neighborhood economies.

I. PRIMARY APPLICANT INFORMATION

First Name _____ Last Name _____
 Address _____ City _____ State ____ Zip ____
 Day Phone (_____) _____ - _____ Evening Phone (_____) _____ - _____
 Email Address _____ Date of Birth _____

RACE/ETHNIC BACKGROUND:

- Native American
- Hispanic
- Caucasian
- African – Somali
- African – Oromo
- African American
- Asian – Hmong
- Asian – Other
- Other: _____

IMMIGRANT TO THE U.S.:

- Yes
- No

SEX:

- Female
- Male

VETERAN STATUS:

- Vietnam Era Veteran
- Other Veteran
- Non-Veteran

EDUCATIONAL BACKGROUND:

- Elementary School
- High School Diploma/GED
- Undergrad Degree

- Associate Degree/Technical School
- Graduate Degree
- N/A

EMPLOYMENT STATUS:

What do you rely on as your PRIMARY source of HOUSEHOLD income? (Check only one)

- | | | |
|--|--|--|
| Part-time job <input type="checkbox"/> | Full-time job <input type="checkbox"/> | Unemployment <input type="checkbox"/> |
| Spouse/Partner Income <input type="checkbox"/> | Self-employed <input type="checkbox"/> | Alimony/Child Support <input type="checkbox"/> |
| Social Security <input type="checkbox"/> | Disability Income <input type="checkbox"/> | Public Assistance <input type="checkbox"/> |
| Other: _____ <input type="checkbox"/> | | <i>(Including Food Stamp)</i> |

WHAT IS YOUR CURRENT RELATIONSHIP TO NDC: (Circle all that applies)

- Alumni Tenant Loan Client Other: _____

HOW DID YOU FIND OUT ABOUT THIS PROGRAM? _____

II. CO-APPLICANT/BUSINESS PARTNER INFORMATION (IF APPLICABLE)

First Name _____ Last Name _____
Address _____ City _____ State _____ Zip _____
Day Phone (_____) _____ - _____ Evening Phone (_____) _____ - _____
Email Address _____ Date of Birth _____

RACE/ETHNIC BACKGROUND:

Native American
Hispanic
Caucasian
African – Somali
African – Oromo
African American
Asian – Hmong
Asian – Other
Other: _____

IMMIGRANT TO THE U.S.:

Yes
No

SEX:

Female
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EDUCATIONAL BACKGROUND:

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Undergrad Degree

Associate Degree/Technical School
Graduate Degree
N/A

EMPLOYMENT STATUS:

What do you rely on as your PRIMARY source of HOUSEHOLD income? (Check only one)

Part-time job Full-time job Unemployment
Spouse/Partner Income Self-employed Alimony/Child Support
Social Security Disability Income Public Assistance
Other: _____ *(Including Food Stamp)*

WHAT IS YOUR CURRENT RELATIONSHIP TO NDC: (Circle all that applies)

Alumni Tenant Loan Client Other: _____

HOW DID YOU FIND OUT ABOUT THIS PROGRAM? _____

III. TELL US ABOUT YOUR EXPERIENCE

- 1. My computer knowledge is: Basic Intermediate Advanced None
- 2. Have you ever received business training?
 Yes, I started this program before, but did not finish.
 Yes, I have completed business training in the past (*please provide the organization & year completed*)

- No I've never attended NDC training before
- 3. Do you have any experience managing or operating the type of business you are interested in?
If yes, please describe: _____

- 4. What type of job do you have now? _____
- 5. Will you continue to work at this job after starting your business?
 Yes If yes, do you plan to work: Full-time Part-time
 No

IV. TELL US ABOUT YOUR IDEA

- 1. Describe your business or business idea: _____

- 2. Why do you want to start your own business? _____

- 3. What is the name of business (official or unofficial): _____
- 4. Where do you plan to locate your business? Address: _____
- 5. Do you expect your business to provide: Primary Income Supplement Income

V. IF YOU ARE CURRENTLY IN BUSINESS (FORMAL AND/OR INFORMAL)

- 1. Is your business operating: Full-time (35 hours/week or more) Yes: Part-time
- 2. Is your business registered with the Secretary of State? Yes No
- 3. Where is your business located? In Home Commercial Location (*provide address below*)
Name of Business _____
Business Address _____
City _____ State _____ Zip _____ Phone Number (____) ____ - _____
- 4. What type of business do you operate?
Service to individuals Service to businesses
Retail / Trade Wholesale Manufacturing
- 5. How long has your business been in operation?
Less than 6 months 6 months - 1 year 1 - 3 Years 3 or more years
- 6. What was your business's gross revenue last year? _____
- 7. Average monthly revenue _____
- 8. How many employees does your business have? Full Time _____ Part Time _____
- 9. How many of these employees are family members? _____
- 10. Do you have a written business plan? Yes No
- 11. Why are you interested in taking the class?



**Neighborhood
Development
Center**

The Neighborhood Development Center (NDC) does not discriminate in providing services to individuals on the basis of race, color, religion, creed, national origin, disability, sexual orientation, or status with regard to public assistance or refugee. The information collected on this application is considered public data for the purpose of Minnesota Statutes Chapter 13. Individuals may refuse to provide any of the information requested. We appreciate your taking the time to complete the form.

OPTIONAL QUESTIONNAIRE (refusing to answer this question will not affect your application)

Are you re-entering the community from a criminal offense? Yes No

INCOME VERIFICATION (for Scholarship)

NDC provides scholarships for low to moderate-income individuals that would like to participate in our Neighborhood Entrepreneur Training Program. Scholarships are based on a sliding scale according to last year's household adjusted grossed income. The regular fee for the class is \$650. The largest scholarship can lower the fee to \$150. If you would like to be considered for a scholarship, we must have the following information from each business partner:

Applicant's Adjusted Gross Income \$ _____
HOUSEHOLD SIZE: (according to your tax return)
Adults _____ # Children/Dependents _____

Co-Applicant's Adjusted Gross Income \$ _____
HOUSEHOLD SIZE: (according to your tax return)
Adults _____ # Children/Dependents _____

SIGNATURE

The information given on this application is correct and true to the best of my knowledge.
I understand that NDC may verify the income information by reviewing W2 forms or tax returns.
I hereby authorize NDC to verify the above information.

Primary Applicant Signature _____ Date _____

Co-Applicant/Business Partner Signature _____ Date _____

Please return the completed application to:

Email: lxiong@ndc-mn.org

Fax: 651-291-2597

Mail:

Neighborhood Development Center
Attn: Training Department
663 University Avenue West, Suite 200
Saint Paul, MN 55104
Phone: 651-291-2480