

## Neighborhood Development Center

## 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/ETHIC BACKGROUND:Native AmericanHispanicCaucasian	IMMIGRANT TO THE U.S.: Yes No	<b>SEX:</b> Female □ Male □		
African – SomaliAfrican – OromoAfrican AmericanAsian – HmongAsian – OtherOther:	VETERAN STATUS: Vietnam Era Veteran Other Veteran Non-Veteran			
EDUCATIONAL BACKGROUND: Elementary School	Associate Degree/Technical School Graduate Degree N/A			
EMPLOYMENT STATUS:         What do you rely on as your PRIMARY source         Part-time job       Image: Full-ti         Spouse/Partner Income       Self-e         Social Security       Image: Disate         Other:       Image: Self-e	e of HOUSEHOLD income? (Check only o ime job	nt 🗌 Support 🔲 nce 🗌		
WHAT IS YOUR CURRENT RELATIONSHIP TO NDC           Alumni         Tenant         Loan				
HOW DID YOU FIND OUT ABOUT THIS PROGRAM	?			
HOW WOULD YOU RATE YOUR CONFIDENCE IN YOU Very Unsatisfied Somewhat Unsatisfied Moder	UR CREDIT SCORE? rately Satisfied Somewhat Satisfied Very Satisf	ied		
HOW WOULD YOU RATE YOUR CONFIDENCE IN YOU Very Unsatisfied Somewhat Unsatisfied Moder	UR CURRENT CREDIT HISTORY? rately Satisfied Somewhat Satisfied Very Satisf	ied		
ARE YOU INTERESTED IN RECEIVING FREE CREDIT OF HEALTH (CREDIT AND CREDIT SCORE)? Yes	COACHING TO BETTER UNDERSTAND YOUR FIN	IANCIAL		

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

First Name	Last Name	
Address	City	State Zip
Day Phone ( )	Evening Phone (	_ )
Email Address	Date	e of Birth
RACE/ETHIC BACKGROUND:Native AmericanIHispanicICaucasianIAfrican – SomaliIAfrican – OromoIAfrican AmericanIAsian – HmongIAsian – OtherIOther:I	IMMIGRANT TO THE U.S.: Yes No VETERAN STATUS: Vietnam Era Veteran Other Veteran Non-Veteran	SEX: Female □ Male □
EDUCATIONAL BACKGROUND: Elementary School	Associate Degree/Tec Graduate Degree N/A	hnical School
EMPLOYMENT STATUS: What do you rely on as your PRIMARY Part-time job Spouse/Partner Income Social Security Other:	Full-time job Self-employed Disability Income	? (Check only one) Unemployment Alimony/Child Support Public Assistance (Including Food Stamp)
WHAT IS YOUR CURRENT RELATIONSHIP T Alumni  Tenant	<b>ONDC:</b> (Circle all that applies) Loan Client D Other	
HOW DID YOU FIND OUT ABOUT THIS PRO	)GRAM?	
HOW WOULD YOU RATE YOUR CONFIDENCE	E IN YOUR CREDIT SCORE?	
Very Unsatisfied Somewhat Unsatisfied	Moderately Satisfied Somewhat Satis	fied Very Satisfied
HOW WOULD YOU RATE YOUR CONFIDENCE Very Unsatisfied Somewhat Unsatisfied	E IN YOUR CURRENT CREDIT HISTORY Moderately Somewhat Satis	
ARE YOU INTERESTED IN RECEIVING FREE C HEALTH (CREDIT AND CREDIT SCORE)?	REDIT COACHING TO BETTER UNDER Yes No	STAND YOUR FINANCIAL

III. TELL US ABOUT YOUR EXPERIENCE
<ul> <li>1. My computer knowledge is: Basic Intermediate Advanced None</li> <li>2. Have you ever received business training?</li> <li>Yes, I started this program before, but did not finish.</li> <li>Yes, I have completed business training in the past (please provide the organization &amp; year completed)</li> </ul>
<ul> <li>No I've never attended NDC training before</li> <li>3. Do you have any experience managing or operating the type of business you are interested in?</li> <li>If yes, please describe:</li> </ul>
<ul> <li>4. What type of job do you have now?</li></ul>
IV. TELL US ABOUT YOUR IDEA
1. Describe your business or business idea:
2. Why do you want to start your own business?
<ul> <li>3. What is the name of business (official or unofficial):</li></ul>
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



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 QUESTIONAIRE (refusing to answer this question will not affect ye	our 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: <i>(according to your tax return)</i> # 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	:			
Neighborhood Development Center Attn: Training Department 663 University Avenue West, Suite 200	C			

Saint Paul, MN 55104 Phone: 651-291-2480 / Fax: 651-291-2597