

**Providence Academy Small Business Incubator Application Preview**

**\* Means Answer is Required**

**Name\***

First Last

**Home Address\***

Street Address

City State ZIP Code

**Length of Time at Home Address\***

**Phone\***

**Email\***

**Date of Birth\***

MM/DD/YYYY

**BUSINESS PROFILE**

**Legal Business Name\***

DBA (if applicable)

**Type of Business\***

Corporation Individual/Sole Proprietor Partnership Other (specify)

**Website**

**Phone\***

**Email\***

**Local Address\***

Street Address

City State ZIP Code

**Length of Time at Business Address (if applicable)**

**Principal Address**

Street Address

City State ZIP Code

**Nature of Business\***



**Is your business eligible to be certified with the Washington State Office of Minority & Women's Business Enterprises, but has not applied or been certified yet?**

Yes    No    Does Not Apply (Already Certified)

## **Business References**

### **Reference #1**

Contact Name

Company

Phone

Email

### **Reference #2**

Contact Name

Company

Phone

Email

**Use this 2-Year Financial Plan Template. Be sure to complete every tab (there are 4 tabs).**

**Explanations/instructions are included in the template, but if you have questions, please contact Carol Ross at [carol.ross@thehistorictrust.org](mailto:carol.ross@thehistorictrust.org) or 360.992.1804.**

**Use this Small Business Administration (SBA) "Traditional" Business Plan example as a template to write your plan.**

### **Business Plan\***

Must upload - Max. file size: 10 MB.

### **Financial Plan\***

Must upload - Max. file size: 10 MB.

### **Applicant Resume\***

Must upload - Max. file size: 10 MB.

### **Providence Academy Suite Desired\***

[Suite #]

### **Have you scheduled an in-person site visit of this space?\***

Yes    No

**Please explain why this space would be a good fit for your business (maximum 3,000 characters with spaces)\***

**How have you raised funds for your business so far (Go Fund Me, other grants, investors, etc.)? (maximum 1,500 characters with spaces)\***

**How have you used resources to gain traction toward reaching your business goals? (maximum 3,000 characters with spaces)\***

**Please share anything else you'd like the committee to consider (maximum 3,000 characters with spaces)**

**Consent\***

I certify that the above information is correct and complete. I am an authorized representative of the above named company/organization.\*

**Consent\***

I understand that I may be required to provide additional personal and/or financial information to process the credit and background check screening.\*

**Consent\***

I understand that this application will be reviewed by a grant selection committee, and upon determination of an award, I will be asked to submit a \$55-\$65 screening fee and undergo a credit report, landlord verification, background check, and references checks prior to award confirmation.\*

**Consent\***

I understand that if an award is confirmed, I must sign a custom lease agreement that personally guarantees monthly lease payments (even if your business is an LLC), which includes payment schedule and repercussions for non-payment, I must follow all rules and regulations for leasing space at Providence Academy, and obtain and maintain renters insurance throughout the duration of the lease. I must also participate in check-in meetings every six months through the duration of the 18-month program.\*

**Name\***

First

Last

**Date\***

MM/DD/YYYY

**Signature\***