



Business Development Assistance

To request business development assistance please complete this form. You may submit this form via mail to:
 Couleecap, 700 Third Street North, Suite 202B, La Crosse, WI 54601 or by email to taylor.lejuenue@couleecap.org. If you have questions while completing the form please contact either Andrew Londre, Andrew.londre@couleecap.org, 608-797-5746 or Todd Mandel, todd.mandel@couleecap.org, 608-665-9687.

FULL NAME	MAILING ADDRESS	
ADDRESS (HOUSE #, STREET, CITY, STATE, ZIP CODE)		
HOME PHONE	CELL PHONE	EMAIL ADDRESS

BUSINESS CONCEPT

Please describe your planned business:

Have you completed a business plan? _____

Number of full-time employees you expect to employ (business owner counts as one): _____

Number of part-time employees you expect to employ: _____

Funds you have available to invest in starting up your business: _____

Estimate of loans or equity you need to start up your business: _____

ELIGIBILITY INFORMATION

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	ESTIMATED INCOME OF ALL 18+ RESIDENTS: _____ monthly OR _____ annually
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I attest that the above information is accurate to the best of my knowledge:

 Client signature

STAFF USE ONLY

1. Enter 185% FPL based on household size: _____
2. Enter 80% CMI based on household size: _____
3. Compare reported income to amounts above, check appropriate box(es)
 _____ JBD eligible _____ MEP eligible (must live in La Crosse)