

*Association for Enterprise Opportunity Award for Excellence in Microenterprise Training 2003*  
*Peter F. Drucker Honorable Mention Award for Non-Profit Innovation, 2003*  
*National Business Incubator Association Microenterprise Incubator of the Year 1997*

Renaissance Entrepreneurship Center offers comprehensive training and support services to build the entrepreneurial capacity of socially and economically diverse women and men who want to start or grow a business in the San Francisco Bay Area. The Center's programs are designed to meet the needs of emerging and established small businesses, and include classroom training, business incubation, financial assistance and computer training.

## **Application Process**

**Renaissance encourages diversity and is committed to serving a community of entrepreneurs balanced by race, sex, economic status and business type.** People of color, women, and low-income adult applicants are encouraged for all Renaissance programs.

**Application fee.** A non-refundable application of \$25 is required.

**Orientation.** To familiarize yourself with Renaissance's programs, all applicants are required to attend a free, scheduled Orientation (go to [www.rencenter.org](http://www.rencenter.org) for dates) or a Launch Your Business Workshop (held on the second Wednesday of every month). Call 415-541-8580 to reserve your spot.

**Scholarships and Payment Plans.** A limited number of partial scholarships are available based on income and personal need. Those who apply for a scholarship must include income verification in the form of tax returns, check stubs or an SBA Personal Financial Statement.

## **Renaissance's Programs**

Renaissance offers a full range of programs and services designed to serve small businesses at all stages of development. For more information about any of the following programs, call 415-541-8580 or visit our website at [www.rencenter.org](http://www.rencenter.org)

- Training Programs
- Business Incubator
- Financing Resource Center
- Industry Networks (Fashion Industry Network Program)
- Business Growth Support
- The Women's Business Center



U.S. Small Business Administration

SBA's participation in this co-sponsorship is not an endorsement of the views, opinions, products or services of any co-sponsor or other person or entity. All SBA programs or co-sponsored programs are extended to the public on a nondiscriminatory basis. Reasonable arrangements for persons with disabilities will be made, if requested at least two weeks in advance.

Date: \_\_\_\_\_

## Section 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail address: \_\_\_\_\_ Referred by: \_\_\_\_\_

Ethnic background (optional):

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Pacific Islander                         |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> Caucasian                                |
| <input type="checkbox"/> Black/African American         | <input type="checkbox"/> American Indian/Alaskan Native and Black |
| <input type="checkbox"/> Native Hawaiian                | <input type="checkbox"/> Other Multi Racial _____                 |
| <input type="checkbox"/> Latino/Hispanic                |   |

## Section 2

Legal Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Business e-mail: \_\_\_\_\_

Website URL: \_\_\_\_\_ Field/Industry: \_\_\_\_\_

Length of time in business: \_\_\_\_\_ year(s) \_\_\_\_\_ month(s). Business start date: \_\_\_\_\_

Revenues: \_\_\_\_\_ Monthly \_\_\_\_\_ Annually \_\_\_\_\_

Number of employees: \_\_\_\_\_ F/T \_\_\_\_\_ P/T \_\_\_\_\_ Contractors

## Section 3

Give a brief description of your business or business idea.

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Give a brief description of your products or services:

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What does your business need for growth over the next year?

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Is this a home based business?

- Yes
- No

Does your business require office space?

- Yes
- No

Do you need a loan to start or grow your business?

- Yes
- No

If yes, how much do you need (\$\_\_\_\_\_) and how will you use the loan funds?

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## Household Information

Renaissance is committed to serving very low to moderate-income individuals with a preference for San Francisco residents. Women and personal of color are strongly encouraged to apply. Please check one below:

- I am Single  
If you file and claim only yourself for tax purposes, put your annual income here \_\_\_\_\_
- I am Married or have a Domestic Partner  
If you file jointly, provide your combined household income \_\_\_\_\_

How many dependents do you support? \_\_\_\_\_

Which of the following accurately reflects your total household income? (Please circle.)

1 person	Up to \$23,750	Up to \$23,751-39,601	Under \$63,350	Over \$63,351
2 people	Up to \$27,150	Up to \$27,151-45,251	Under \$72,400	Over \$72,401
3 people	Up to \$30,550	Up to \$30,551-50,901	Under \$81,450	Over \$81,451
4 people	Up to \$33,950	Up to \$33,951-56,51	Under \$90,500	Over \$90,501

If other, please describe:

Number of people in household: \_\_\_\_\_

Household Income: \_\_\_\_\_

If you receive any of the following benefits, please circle all that apply:

AFCD Benefits

Social Security

Unemployment benefits

Disability benefits

Have you attended a Renaissance Orientation?

Yes

No

Have you attended a Launch Your Business Workshop?

Yes

No

## Business Information

Principal Business Owner's) Representing 20% or Greater Ownership [Use additional pages if required]			
Name	SSN	Ownership %	
Name	SSN	Ownership %	
Name	SSN	Ownership %	
Name	SSN	Ownership %	
General Liability Insurance Coverage		Yes	No
		If yes, which company	Amount of coverage
Capitalization Needs (Check one)	Less that \$10,000 \$10,001 to \$25,000 \$25,001 to \$50,000	\$50,001 to \$100,000 \$100,001 to \$500,000 \$Over 500,000	
Do you have a written business plan?		Yes (if yes, please attach) No (if no, expected date of completion?)(MM/YY)_____	
What type of space are you looking for?		Office	Cubicle
Desired date of occupancy? (MM/YY)		Virtual	
Telecommunication needs:	How many phone lines? How many internet access connections?		
<b>Please provide contact name, company and phone number of three references:</b>			
Name	Company	Phone	
Name	Company	Phone	
Name	Company	Phone	
How did you learn about the Renaissance Incubator?			

Do you have a current business license to do business in San Francisco? (If yes, please attach copy.). If no, please explain any licensing and legalities issues.

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Where is the company registered to do business?

- San Francisco
- Other \_\_\_\_\_

Certified dbd/mbe/wbe? \_\_\_\_\_

Are you registered with the secretary of state? Yes No (If yes, please attach copy.)

Business Structure:

- Sole proprietorship
- Partnership
- Sub S Corporation
- C-Corporation
- Limited Liability Co.

Do you have a Tax ID Number?

- Yes
- No

Do you have a Sellers Permit?

- Yes
- No

Please describe the target market of your business and your client focus:

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**Business Information:**

What is the primary reason for your application to the business incubator?

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Please define "business growth" for you and your business:

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Discuss business milestones to date:

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What goals do you expect to achieve during Incubation?

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How do you think the Incubator can assist your business in the achievement of your business goals and objectives?

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How can you, as an entrepreneur located at Renaissance, help support other tenants or Renaissance businesses? (Please list skills, expertise, access to resources, etc. that you have available to help others.)

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## Personal Assets and Liabilities

Monthly Sources of Income	Yourself	Other members of household
Employment/job	\$	\$
Business income/self-employment	\$	\$
Disability payments	\$	\$
Unemployment benefits	\$	\$
Social Security benefits	\$	\$
<b>Total</b>	\$	\$
Expenses	Your Share	Total Household Bills
Rent/mortgage	\$	\$
Food	\$	\$
Credit card payment	\$	\$
Loan payments	\$	\$
Car payments (payments, insurance, maintenance)	\$	\$
Child related costs (childcare, books, toys, child support, tuition, etc.)	\$	\$
Other	\$	\$
<b>Total</b>	\$	\$
Assets and Liabilities	Assets (current value)	Liabilities (money owed)
Real estate (home and mortgage)	\$	\$
Vehicles (car(s) and car loan)	\$	\$
Cash (include savings and checking)	\$	
Business assets and liabilities	\$	\$
Accounts payable (credit cards, etc.)		\$
Student loans		\$
Other liabilities		
Other assets		
	<b>Total Assets: \$</b>	<b>Total liabilities: \$</b>
<b>Personal Worth (Assets less liabilities): \$</b>		

## Attachments

Please include the following when submitting your application (These documents will be kept confidential; they are purely for business assessment):

- Financial information: YTD profit and loss statement, cash flow statement and balance sheet.
- Financial projections for the next 12 months
- A copy of your business plan.
- A copy of your business license.
- Three references
- Credit report dated within the last 90 days.
- Copy of personal and business tax returns.
- \$25.00 non-refundable processing fee

## Application Process

1. Attend Orientation and tour Renaissance Entrepreneurship Center.
2. Turn in application to Janet Lees, Program Director, at the address below.
3. Interview with Business Consultant.
4. Interview with Program Director.
5. Sign Incubator Contract/Lease agreement.

### Office Use Only

Staff initials \_\_\_\_\_ Date \_\_\_\_\_

Type of Incubation selected \_\_\_\_\_

Suite selected \_\_\_\_\_

Phone/Internet needs \_\_\_\_\_