

Growing Rural Business Owners in Wisconsin Application / Nomination Form



Company Name: _____ SIC/NAIC Code (if known): _____

Primary Contact Name: _____ Title: _____

Company's Primary Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ @ _____ Website: _____

Do you have other locations? _____ NO _____ YES If yes, please list city and state of each location:

City: _____ State: _____ City: _____ State: _____

How did you hear about this program? _____

What percentage of the business does the applicant own?

- 100% 51% or more 50% 49% or less Do not own the company

Which best describes the applicant's company:

- Manufacturing Technology Professional Service Business Service Retail
 Agriculture Healthcare Other (describe): _____

Number of employees (excluding yourself)

Fiscal Year 2014 _____ Fiscal Year 2015 _____ Fiscal Year 2016 _____ 2017 estimate _____

Is there anyone else you would like to recommend for this program? If so, please provide:

Name: _____ Business: _____

Phone: _____ Email: _____

Below is confidential information that is required for grant reporting.

About the Business

Average Annual GROSS Sales

Fiscal Year 2014 \$ _____

Fiscal Year 2015 \$ _____

Fiscal Year 2016 \$ _____

2017 Projection \$ _____

2018 Goal \$ _____

About the primary owner:

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Race/National Origin

American Indian/Alaskan Native

Black/African American

Asian

Native Hawaiian /Other Pacific Islander

White

I do not wish to self-identify

Veteran Status

No, I am not a Veteran

Yes, I am a Veteran – please check those that apply

Vietnam Era Veteran

Special Disabled Veteran

Other Protected Veteran

Please contact: Michelle Madl-Soehren 920-498-6379 michelle.madlsoehren@nwtc.edu

NWTC is an equal opportunity provider

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| What are the top five (5) challenges you face in <u>MANAGING</u> your business? | What are the top five (5) challenges you face in <u>GROWING</u> your business? |
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