

# Microenterprise Small Business Development Classes

Next Class Begins **Tuesday, April 3, 2018 at 6PM**  
Class Fee \$50.00, ~~must be paid prior to starting class~~

*This form must be filled out in order to receive business training and counseling services.  
All information will be held in the strictest confidence.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Pager/Cell \_\_\_\_\_

New Business Name or Idea \_\_\_\_\_ e-mail \_\_\_\_\_

New Business Address \_\_\_\_\_

New Business Phone \_\_\_\_\_ Other Info \_\_\_\_\_

Briefly describe your business or business idea \_\_\_\_\_

Business Type:  Service  Retail  Wholesale  Construction  Manufacturing  Craft  
 Home-Based  Other \_\_\_\_\_

Business Structure:  Not Yet Determined  Sole Proprietorship  S Corporation  Partnership  
 Limited Liability Company  Unregistered  Other \_\_\_\_\_

Business Ownership:  Male Only  Female Only  
 Co-Owned by Male and Female (What percent is female?) \_\_\_\_\_ %

Is Your Business In Operation Now?  Yes  No  Full-Time  Part-Time

How Long Have You Been In Business? \_\_\_\_\_

Business Is or Will Be Registered In What County? \_\_\_\_\_

Will Start-up or Expansion Bring Your Business To:  Full-Time Status  Part-Time Status

*Microenterprise* generally means a business that is very small and has less than 5 employees. Gross sales are usually less than \$150,000. Start up funding or expansion loans are typically no more than \$35,000. Is your business a *Microenterprise*?  Yes  No

How many employees do you have or anticipate? \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

In terms of money and equipment, how much do you have invested or plan to invest in your business?  
\_\_\_\_\_

Why did you start your business or why do you want to start or expand your business? \_\_\_\_\_  
\_\_\_\_\_

---

## Self-Initiative and Self-Development Services (SISD)

Marilyn Warren, Program Manager 812.288.6451 Ext. 2113 or [mwarren@casi1.org](mailto:mwarren@casi1.org)

Web page [www.casi1.org](http://www.casi1.org)



Why do you think you will be successful with this business or business idea?

What is a really wonderful skill or talent that you have?

Are you a Veteran?    Yes        No and If So, what department of the military \_\_\_\_\_

Please list your educational background, degrees earned, dates and location, or attach a resume.

Please list your work experience in as much detail as possible or attach a resume to the application.

How did you find out about our program? And who referred you to us?

Our program requires attendance at classes and some hours of self-study on your own. The course is intense, challenging and requires commitment.

Do you require assistance because of a life condition or language barrier? (Examples: extra time, reading problems, additional counseling hours, translated materials, etc.)  
If so, please describe.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS COMPLETED FORM WITH PAYMENT TO  
Community Action of Southern IN: To The Attention of Marilyn Warren**

**Microenterprise Business Development Center  
1613 E. 8<sup>th</sup> Street  
Jeffersonville, IN 47130**

---

**Self-Initiative and Self-Development Services (SISD)**

Marilyn Warren, Program Manager 812.288.6451 Ext. 2113 or [mwarren@casi1.org](mailto:mwarren@casi1.org)

Web page [www.casi1.org](http://www.casi1.org)



## Course Structure

The classes are intended to be an introduction to the following topics, and to help small businesses identify areas where they may need to pursue additional training or other educational resources. This training is to provide small business owners or entrepreneurs considering starting a small business with a basic understanding of the financial aspects of running a small business.

## Class Presentation Strategies

Each class will be presented as a separate course, generally taking about 1 and a half hours to present. Instructional strategies used to teach this class will include lectures, demonstrations, large and small group discussions, and activities to reinforce learning and student interaction.

## Class Location

Classes will be held at Community Action of Southern IN, 1613 East 8<sup>th</sup> Street, Jeffersonville IN 47130. Classes will be held each Thursday of the month beginning April 3, 2018 for 8 weeks 6:00PM – 8:00PM in the Family Living Room# 109

## Class Schedule and Topics in Curriculum

<b>Business Organization Types and Considerations Is Owning a Business a Good Fit for You</b>
<b>Business Organization Types &amp; Considerations and Planning for a Healthy Business</b>
<b>Time Management for Small Businesses And Record Keeping</b>
<b>Writing a Business Plan</b>
<b>Credit Reporting for Small Businesses</b>
<b>Financial Management</b>
<b>Managing Cash Flow</b>
<b>Banking Services for Small Businesses</b>
<b>Tax Planning and Reporting</b>
<b>Risk Management</b>
<b>Insurance</b>
<b>Succession Planning or Selling a Business</b>

---

### Self-Initiative and Self-Development Services (SISD)

Marilyn Warren, Program Manager 812.288.6451 Ext. 2113 or [mwarren@casi1.org](mailto:mwarren@casi1.org)

Web page [www.casi1.org](http://www.casi1.org)