It's Your Time:

An Entrepreneurial Training Series for Women

Presented by the Coachella Valley Women's Business Center

What is "It's Your Time: An Entrepreneurial Training Series for Women"?

It's Your Time: An Entrepreneurial Training Series for Women (IYT) is an intensive business start-up program with the goal of helping women entrepreneurs become business owners. Participants will attend a minimum of 10 workshops, work individually with a business counselor for at least two hours, complete a vision board, and write a business plan. Upon completion of the IYT program, selected participants will be awarded a prize package based on the quality of their business plans.

Who is eligible?

To be eligible you must be a woman living in Riverside or San Bernardino County and ready to start a business. It is important you have a well-thought-out idea of what you want to accomplish as a business owner.

Investment:

The IYT program is offered at minimal cost with investments starting at \$30 to \$130 depending on your income bracket. Program value is over \$500 for just the workshops, exclusive of the free counseling and mentoring. Income brackets are determined by the self-certification form included in the application. Your outlay for the program is due when you pick up your pre-orientation packet. Proof of income will be required. (Examples of proof of income include: tax returns, unemployment statements, or pay stubs).

How do you apply?

- 1. Complete this application.
- 2. Write a one page essay about the business you want to start or grow (last page).
- 3. Include a recent (within the last 6 months) letter of reference from a family member, friend, or colleague specifically regarding your participation in the It's Your Time program.
- 4. Be available to attend orientation **February 1, 2018** from 6:00 p.m. to 8:30 p.m., and the midpoint on **March 22, 2018** from 6:00 p.m. to 8:30 p.m.
- 5. Submit the application packet to Kim Scanlan via email: kscanlan@cvwbc.org, or mail to 77806 Flora Road, Suite A, Palm Desert, CA 92211 by **Friday**, **January 26**, **2018** before **5 p.m**.
- **For additional information call (760) 345-9200 or visit www.cvwbc.org. All applications **must** be typed. Late or incomplete applications will **not** be accepted.

How are participants selected?

Judges will review all completed applications. An oral interview is required.

When will the selected participants be notified?

Program participants will be notified by phone or email no later than January 30, 2018.









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Application

DEADLINE: Friday, January 26, 2018 by 5 p.m. No **late** or **incomplete** applications will be accepted.

First Name:	Last Name):		Middle Initial:	
Address:					
Apt #:	City:		Zip Code:		
Phone:	Ext.:		Cell:		
Email:					
Are you available to attend orientation February 1 from 6-8:30 pm?					
Are you available to attend the midpoint March 22 from 6-8:30 pm? \Box_{Yes}					
Are you currently in business?	Yes No				
If yes, for how long?	What were your annual sales in 2016?				
If you are not currently in busine	ss, when do you plo	an to start?			
Are you currently employed?					
Provide a brief description of the	e business you own	or plan to start:			
* Referring to the attached self-	certification form p	ease check one: (I	No Refunds A	vailable)	
Extremely Low (Program Ir	nvestment \$30)	Low (Program Investment \$50)			
Moderate (Program Inves	tment \$85)	Above Moderate (Program Investment \$130)			

*All information in this application including your income is confidential and will not be shared. Proof of income is required for individuals who qualify for the IYT program at reduced cost. Please send copies of the first two pages of your 2016 tax returns or last two paycheck or unemployment check stubs to Kim Scanlan at kscanlan@cvwbc.org or by mail to 77806 Flora Road, Suite A, Palm Desert, CA 92211. For qualifying applicants, an application packet will be deemed as incomplete without this information. By submitting this application you are stating that you agree and will comply with all program requirements.







CDBG Public Service Intake Form

Name	ə:							
Addre	ess:							
City:		Zip:						
Age:	ge:			Da	Date of Birth:			
1.	Head of	Household: Male		For	امادر			
	 Head of Household: Male Female Disabled Yes No 							
3.								
Number in Flousehold. List all members of your household, their relationship to you and their age:								
••		iomboro di your noucones	a, 111011 10		·			
	Name: Relationship to you and age:							
				-				
5.		ne corresponding to your l sources):	nouseho	ld si	ze, pleas	e circle or highlight	your annua	Il income level
	Household		Lov	w Inco	ncome Moderate Income		Above Moderate	
	1	□ \$13,550	□ \$22,6		0	□\$36,150	□ \$36,15	51 and up
	2	□ \$16,240	□ \$25,800		0	□\$41,300	□ \$41,30	01 and up
	3	□ \$20,420	□ \$29,050		0	□\$46,450	□ \$46,45	51 and up
	4	□ \$24,600	□ \$32,250		0	□\$51,600	☐ \$51,601 and up	
	5	□ \$28,780	□ \$34,850		50	□\$55,750	□ \$55,75	51 and up
	6	□ \$32,960	□ \$37,450		0	□\$59,900	□ \$59,901 and up	
	7	□ \$37,140	□ \$40,000		0	□\$64,000	☐ \$64,001 and up	
	8	□ \$41,320	□ \$42,600		0	□\$68,150	☐ \$68,151 and up	
Inves	tment	\$30	\$50			\$85		\$130
6.	Ethnic B	ackground:	anic \square	Non	-Hispanio	3		
7.	Racial B	ackground (Check One):						
		White			American Indian/Alaskan Native & White			
	Black/African American				American Indian/Alaskan Native & Black			
		Asian			Asian & W hite			
		American Indian/Alaskan Na			Black & White			
	Native Hawaiian /Pacific Islander			Other Multi-Racial				

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so.

Under the penalty of perjury, I certify that the above information is true and correct.

Applicant Signature:	Date:
Agency's Approval:	Date:







Essay Tell us about your dream of becoming a small business owner. (One page)
Toll do about your dicarror boothing a small business owner. (One page)





