



**Program Date:**  
October 2017-June 2018

**Application Deadline:**  
Monday, July 31, 2017

**CULTIVATE SMALL BUSINESS APPLICATION**

The information provided on this application will be used to help determine eligibility for Santander’s Cultivate Small Business Program. Applications will be reviewed and accepted on a rolling basis. Completed applications must be received by July 31, 2017 to be considered for the program in 2017. Please type all answers and submit your completed application via email to snasser@icic.org. If the applicant meets the initial qualifying criteria, we may request additional materials (including financial statements) at a later date in order to verify the information provided and to schedule an interview. The Cultivate Small Business team will communicate all admission decisions in September 2017. For any questions, please contact Sam Nasser at ICIC: (617) 238-3013 or via email snasser@icic.org.

**PARTICIPANT INFORMATION:**

---

First Name Last Name

---

Email Cell Number Office Number

---

Home Street Address

---

Home City Home State (Abbr.) Home Zip Code

---

Title *(At the small business entity for which you are applying)*

---

Date of Birth *(MM/DD/YYYY)* Ownership Percentage *(Out of 100% at the small business entity for which you are applying)*

**Which of the following best describes your ethnicity?** *(Select one)*

- Hispanic or Latino
- Not Hispanic or Latino
- Two or more ethnicities
- I do not wish to provide this information

**Which of the following best describes your race?** *(Select one)*

- Asian
- Black or African American
- White
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Two or more races
- I do not wish to provide this information

**Gender** *(Select one)*

- Male
- Female
- Other (Includes Transgender and/or gender variant/non-conforming)
- I do not wish to provide this information

**Veteran Status** *(Select all that apply)*

- I am a Veteran<sup>i</sup> of the United States Military
- I identify as a Disabled Veteran
- I identify as one or more of the classification of Protected Veteran<sup>ii</sup>
- None of the options listed

i As defined by Title 38, Veterans' Benefits Chapter 42 Employment and Training of Veteran  
 ii Protected veterans may have additional rights under the Uniformed Services Employment and Reemployment Rights.  
 For more information, call the U.S. Department of labor’s Veterans Employment and Training Services at 1-866-4-USA-DOL





**CULTIVATE SMALL BUSINESS APPLICATION**

**What is your highest level of education?** *(Select one)*

- Less than high school graduate
- High school graduate or equivalent
- Some college, no degree
- Technical, trade or vocational school
- 2-year Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate or professional degree

**What was your total household income in 2016?** \_\_\_\_\_

**How did you hear about this program?** \_\_\_\_\_

**Why are you interested in participating in the Cultivate Small Business program?** *(Maximum of 5 sentences)*

**Which of the following entrepreneurship networking or education resources have you accessed or participated in?** *(Select all that apply)*

- Business education workshop
- Business plan competition
- Incubator
- Accelerator
- Business consultant
- Entrepreneurship or executive education program
- Business leader networking group
- Other (please list) \_\_\_\_\_

**BUSINESS INFORMATION:**

Business Name \_\_\_\_\_

Business Street Address \_\_\_\_\_

Business City \_\_\_\_\_ Business State *(Abbr.)* \_\_\_\_\_ Business Zip Code \_\_\_\_\_

Business Website \_\_\_\_\_

Year of Incorporation \_\_\_\_\_ State of Incorporation *(Abbr.)* \_\_\_\_\_





CULTIVATE SMALL BUSINESS APPLICATION

Business Summary

In 1-2 sentences, please provide a brief description of your company's primary operations. For example, "ABC Company is a digital agency focused on website development and design."

[Empty text box for business summary]

Employees

Please list the number of individuals employed full time at the business

Please list the number of individuals employed part time at the business

Business Revenue & Profit (Please list the applicable numbers from your financials)

Annual Gross Revenue in 2015 Annual Gross Revenue in 2016

Projected Revenue in 2017

Profit in 2015 Profit in 2016 Projected Profit in 2017

Business Type (Select one)

- Radio button options for business types: Sole Proprietorship, Limited Liability Company, Low-Profit Limited Liability Company (L3C), Partnership (LP, LLP, GP), C-Corporation, S-Corporation, Benefit Corporation, Cooperative, Other (please list), I don't know.

Business Industry (Please select from the following lists of industries which (one) industry best describes your business)

- Radio button options for business industries: Retail Bakeries, Commercial Bakeries, General Line Grocery Merchant Wholesalers, Packaged Frozen Food Merchant Wholesalers, Dairy Product Merchant Wholesalers, Confectionery Merchant Wholesalers, Other Grocery and Related Products Merchant Wholesalers, Beer and Ale Merchant Wholesalers, Supermarkets and Other Grocery Stores, Convenience Stores, Meat Markets, Fish and Seafood Markets, Fruit and Vegetable Markets, Baked Goods Stores, Confectionery and Nut Stores, All Other Specialty Food Stores, Beer, Wine, and Liquor Stores, Food (Health) Supplement Stores, Tobacco Stores, Vending Machine Operators, Other Direct Selling Establishments, Mobile Food Services, Full-Service Restaurants, Limited-Service Restaurants, Cafeterias, Snack and Nonalcoholic Beverage Bars, Food Service Contractors, Caterers, Other (please specify).

iii Full time employees are those who work at least 30 hours at this business every week
iv A positive Profit number is not required for acceptance into the program
v Numbers listed are codes determined by the North American Industry Classification System (NAICS). These are also referred to as six-digit NAICS codes.





**CULTIVATE SMALL BUSINESS APPLICATION**

Is your company certified or eligible in any of the following categories? (Select one in each row)

	Government certified	Eligible, not government certified	Not eligible	Don't know
Minority-Owned				
Women-Owned				
Dis-advantaged <sup>vi</sup>				
Veteran-Owned				

Are you interested in applying for or learning about any of the following financing options related to this business?

(Select all that apply-if any)

- Equity Financing
  Debt Financing
  Alternative Financing

Please describe the roles of any key full time staff members or company partners beyond yourself. (Maximum of 5 sentences)

Please list your company's major clients or major types of customers. (Maximum of 5 sentences)

What type of business do you consider to be your primary competitor? (Please do not include competitor names) (Maximum of 5 sentences)

<sup>vi</sup> To qualify as dis-advantaged: the firm must be 51% or more owned and control by one or more disadvantaged persons; the disadvantaged person or persons must be socially disadvantaged and economically disadvantaged; and the firm must be small, according to SBA's size standards



**CULTIVATE SMALL BUSINESS APPLICATION**

**What is the value proposition or unique solution to a market need that your business offers? (Maximum of 5 sentences)**

**What type of social media avenues do you use to promote the business? (Select all that apply)**

- Twitter
- LinkedIn
- Pinterest
- Facebook/Instagram
- YouTube
- Other (please list) \_\_\_\_\_
- None of the options listed

**What type of impact, if any, do you, your product, or your service have on the community? (Maximum of 5 sentences)**

**Please use this space to tell us anything else you would like for us to know about you or your company with regards to this application to participate in the Cultivate Small Business Program:**