

## **APPLICATION FOR MARICOPA ENTREPRENEUR TRAINING PROGRAM**

The City of Maricopa is conducting an Entrepreneur Training Program with professional third party management assistance. The purpose of the Program is to provide small, home-based and entrepreneurial businesses the support needed to move forward and launch their concepts. The focus is on technical and personal skills to enable growth. Emphasis will be placed on developing networks and connecting with local sustainable support from Central Arizona College and SCORE.

Topics covered will include: Strategic planning, financial management, market research, financial documents, cash flow management, legal issues and personal growth. The class work will be supported by personal coaching sessions for each participant.

Business selected for participation in this program will be selected through a point system as follows:

1. **Current Business Location:**
  - 5 points – local Maricopa location, with business license
  - 4 points – local Maricopa location, planning to get business license
  - 3 points – located in Maricopa Planning Area
  - 2 points – located in Pinal County
  - 1 point - other
  
2. **Bonus Points:**
  - 2 points – business concept is for technology commercialization or deployment
  - 1 point - business concept serves health or educational fields

All points above being equal, first-come first serve will apply.

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MARICOPA ENTREPRENEUR TRAINING PROGRAM, 2010/11**

Business Name: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Location of Business in what City or County: \_\_\_\_\_

Do you have a Maricopa Business License: \_\_\_\_\_  
If not, do you plan to obtain one in the next 12 months: \_\_\_\_\_  
Does your business concept involve the deployment of technology commercialization: \_\_\_\_\_  
If yes, describe how it is or will be deployed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your business concept serve in the health field? \_\_\_\_\_  
Does your business concept serve in the educational field: \_\_\_\_\_

What is your business concept?

\_\_\_\_\_  
\_\_\_\_\_

What do you desire to gain from this program?

\_\_\_\_\_

If in operation, how many employees do you currently have? \_\_\_\_\_  
How many employees do you expect to have within 12 months after program completion? \_\_\_\_  
Which training session would you prefer? Winter\_\_\_\_ Spring\_\_\_\_ Either\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Submit Application as follows:**

Email: [economicdevelopment@maricopa-az.gov](mailto:economicdevelopment@maricopa-az.gov)  
Fax: 520/316.6859