

WELCOME to JEDI... Where Potential Becomes Prosperity!

The Jefferson Economic Development Institute (JEDI) provides a wide array of innovative business services for Siskiyou County residents who are 18 years of age or older and are building strong businesses and financially empowered families. Your success is our success as you realize your dreams. We look forward to partnering with you to meet your goals as together we contribute to moving Siskiyou County from potential to prosperity—one business and family at a time.



JEDI gave me the information skills and confidence to develop a creative, interesting website to enhance our business and increase our market.

—Kathy Besk, JB Automotive

I learned I am not alone, and there are people I can talk with. Our area has great help if we know where it is.

—Curt Judkins Jr., Siskiyou Custom Milling

We want to express our gratitude to all the wonderful people who are involved with JEDI and have helped us so much. You are a dream come true for people like us...people who are dedicated to growing and sustaining a business that helps to make the world a better place.

—2009 Survey Respondent, started multimedia business

We look forward to working with you to build strong businesses and financially empowered families!

Thank you for contacting JEDI. We are excited to work with you!

JEDI pledges to:

1. **Confidentially use the information you provide us** to continuously improve our services for you and others who follow in your footsteps.
2. **Promptly and respectfully review and respond** to your requests and questions.
3. **Contact you to schedule your initial consultation** where you and JEDI consultants decide together the best path and mix of services for you to reach and achieve your business and financial goals.
4. **Provide you with supportive and award-winning technical assistance, workshops, and training.**

To get started we ask you take the following 3 steps to apply for JEDI services:

STEP 1: **Select (check) the best description for you and your intentions at this time.**

(If you don't find an option that suits you, please speak with our Program Assistant at 530-926-6670.)

I am 18 years of age or older and a Siskiyou County resident and

OR

I am an **Entrepreneur** who owns or intends to start a business and would like to take advantage of JEDI business development services including business technical assistance, business and financial asset building workshops and classes, and other special business opportunities.

AND

I am an **Entrepreneur interested in the Prosperity Acceleration Path** to customized, comprehensive JEDI business and asset development services including technical assistance, classes, and other resources.

- ✧ I am ready to commit to working closely with JEDI counselors to achieve the results I want. Possibilities include: completing my business plan, applying for a loan, opening my business, planning for my family's long term future, and more.
- ✧ I am ready to meet regularly with JEDI counselors (approximately 1x every 3 months) to design and use an Action Plan to guide my achievement of individual long and short-term goals for business and asset development.
- ✧ I understand this track gives me higher priority access to JEDI resources and services and allows JEDI to more successfully track and support my progress and results.

I am interested in some **Professional Development**

- I am an employee of a local business interested in a workshop to increase my skills
- or
- I am an individual interested in a workshop to increase my skills.

STEP 2: **Complete the Application for Services** that follows.

- Professional Development Clients complete only the Personal Information section of the Application for Services. Employees are asked to request that their employer complete the Business Information section as well.
- Complete Application for Services : Fee Subsidy to receive (free) services at no cost to you.** We ask you to provide verification of your income as well as dependents to qualify for free services.
- We estimate the Application takes 20 minutes to complete if you use your most recent taxes or financial records for reference. Please call with questions or requests: 530-926-6670**

STEP 3: **Submit completed application.**

- Drop-off in person at our offices in Mt. Shasta at 403 Berry Street
- Fax to 530-926-6676
- Mail to JEDI, P.O. Box 1586 Mt. Shasta, CA 96067

THANK YOU!

JEDI APPLICATION

We thank you in advance for sharing information about you and your business. Our goal is to help Siskiyou County entrepreneurs reach their economic and business goals. The information you provide gives JEDI the information needed to:

- Get a sense of your current goals and circumstances so we can provide you with the best possible services.
- Raise public funding support to keep JEDI services available. We are required to report about who we serve, what activities we offer, and the benefits (changes) for participants. We have raised close to \$5 million to date to work with Siskiyou County small businesses.
- Know how we benefit Siskiyou County entrepreneurs by tracking how our clients' household income, assets, business, and employment change over time.

We keep this information confidential by asking JEDI staff and other representatives to sign confidentiality agreements. We welcome your questions, requests, and suggestions.

Personal Information

Today's Date: ___/___/___

First Name: _____ **Last Name(s):** _____

Other names (nicknames or previous use): _____

Address (home): _____ **City:** _____ **State:** _____ **Zip:** _____

Address (mailing): _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing address is same as where I live

E-mail Address: _____ **Web Site:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Other Phone:** _____

Fax: _____ Other phone, please specify: _____

Goals and reasons for applying:

Business Development

- Determine feasibility of business idea
- Learn about starting a business

- Start a part-time business
- Start a full-time business

- Write a business plan
- Obtain business financing (loan packaging)
- Expand my existing business
- Add a new product or service
- Go from part-time to full-time business
- Learn how to hire & manage employees

- Strengthen my existing business
- Learn marketing skills & expand markets
- Manage cash flow better
- Learn budgeting, bookkeeping, accounting
- Learn about taxes and related issues
- Learn about business legal issues

- Reach consistent profitability
- Buy, sell or close a business
- Other, please specify: _____

- Find a mentor in my industry
- Learn more about my industry
- Network with other entrepreneurs

Financial Well-Being

- Improve household financial management skills
- Increase personal income
- Increase household income

- Repair and build credit (history)
- Learn to save and invest money
- Other, please specify: _____

Improve Technology Use

- For my business (communications and computer)
- For my personal and family financial planning
- Other, please specify: _____

How did you hear about JEDI?

Please select the 2 primary ways you heard:

- Word of mouth-JEDI Client
- Radio Station
- JEDI Email
- College of the Siskiyou
- Chamber of Commerce
- Great Northern Corporation
- Other website
- Other: _____

- Word of mouth-Family/friend
- Newspaper/magazine
- JEDI Newsletter
- Government Agency
- VITA- Income Tax Assistance
- STEP/Workforce Connection
- Small Business Development Center (SBDC)

- Flyer or brochure
- Television
- JEDI Website
- Bank/Other Lender
- Superior CA EDD
- City Hall

Please give us the specific name(s) (person, radio station, etc.) or location(s) of where you heard:

1. Would you like to be on JEDI's mailing list (email and/or other mailings)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
3. What is your date of birth month/day/year)?	____/____/____
4. Race/Ethnicity (check one):	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander Other: Additional Race (if mixed race, please select additional race(s) from list above): (Optional) Ethnic Identity or Origin (for example South Asian, Filipino, etc.):
5. What is your marital status? Are you currently:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never married <input type="checkbox"/> In a domestic partnership
6. What is your highest level of education?	<input type="checkbox"/> Primary/elementary School (6 th grade) <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college, no degree <input type="checkbox"/> University or College degree (AA, BS, BA) <input type="checkbox"/> Some graduate school <input type="checkbox"/> Graduate degree (MA, PhD) <input type="checkbox"/> Vocational Training/School: Describe certificate or license _____ <input type="checkbox"/> Other: _____
7. Do you have a disability or chronic health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____
8. Veteran Status:	<input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-disabled veteran
9. What is the main business (product or service) you want to work on with JEDI?	_____
10. Do you currently work for yourself and/or own a business?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you own or do more than one business or type of self employment? <input type="checkbox"/> Yes <input type="checkbox"/> No How many: _____ If no, do you intend to start a business? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you currently self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Self-Employment Percentage of Total Income: _____% If yes: <input type="checkbox"/> Full time (≥35 hours/week) <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal Please estimate how many: Hours per week: _____ Months per year: _____
12. Are you currently employed by someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No Wages Percentage of Total Income: _____% If yes: <input type="checkbox"/> Full time (≥35 hours/week) <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal Please estimate how many: Hours per week: _____ Months per year: _____ Average hourly wage: \$ _____ or annual salary: \$ _____
13. Are you currently unemployed or jobless?	<input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment Percentage of Total Income: _____% If yes: How many months have you been unemployed/jobless in the past 12 months?: _____ months Why? (Select all that apply.) <input type="checkbox"/> Family Needs <input type="checkbox"/> Personal Reasons <input type="checkbox"/> Injury <input type="checkbox"/> Disability <input type="checkbox"/> Laid off <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Moving/Transition <input type="checkbox"/> Other:
14. What percentage of your total personal income, if any, comes from the following benefits?	Child Support _____% Spousal Support _____% Parents/Family _____% Public Assistance _____% Savings/Investment/Retirement/Social Sec _____% Other _____%
15. Do you have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No What is the source of your health insurance? <input type="checkbox"/> Business <input type="checkbox"/> Private <input type="checkbox"/> MediCal (state-no cost) <input type="checkbox"/> My Employer <input type="checkbox"/> My spouse/partner's employer pays <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare (for seniors) <input type="checkbox"/> My employer and I both pay <input type="checkbox"/> Other source of health insurance, please specify: _____
16. Do the other people in your household have health insurance (please include your children)?	<input type="checkbox"/> All Members Insured <input type="checkbox"/> Some Members Insured <input type="checkbox"/> No Members Insured <input type="checkbox"/> Not Applicable – I live alone
17. What is your household's (people who share income & expenses) CURRENT total ANNUAL INCOME:	Please estimate using your most recent Adjusted Gross Income from your most recent taxes and/or _____ \$ _____ the JEDI Income Worksheet available from JEDI staff. Information Source(s): <input type="checkbox"/> Taxes <input type="checkbox"/> Proof of Public Assistance <input type="checkbox"/> Other
18. How many people currently share income and expenses in your household (including children)?	_____ (people) How many are: Children under the age of 18? _____ Adult dependent(s)? _____ If different, how many people did you claim as dependents for your most recent taxes or public assistance: _____
19. Are you the head of your household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Have you filed income taxes in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Have you received tax credits?	<input type="checkbox"/> Yes <input type="checkbox"/> No Type of tax credit <input type="checkbox"/> EITC <input type="checkbox"/> Other: _____
22. Do you or anyone in your household receive or participate in any of the following (select all that apply)?	<input type="checkbox"/> None – My household does not receive public assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> Women Infants Children (WIC) <input type="checkbox"/> TANF/AFDC <input type="checkbox"/> CalWORKs program <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Free or low cost childcare <input type="checkbox"/> Section 8 Housing voucher/other housing assistance <input type="checkbox"/> Other assistance, please specify: _____

Please give us contact information for 2 people we can call in an emergency or if you move:

1) Name: _____ 2) Name: _____
 Relationship to you: _____ Relationship to you: _____
 Phone Number 1: (____) _____ Phone Number 1: (____) _____
 Phone # 2. (____) _____ Phone # 2. (____) _____

Business Information Complete this section if you are already self-employed or in business.

Business Name: _____
Business Legal Name (if different): _____
Business Location Address: same as where I live

City: _____ **State:** _____ **Zip:** _____
Business Mailing Address: same as location (above)

City: _____ **State:** _____ **Zip:** _____
Business Contact Person Name (if different from Client on page 3): _____
Business Contact Person Title: _____
Business Office Phone: _____ **Business Cell Phone:** _____
Business Fax Phone: _____ **Business Other Phone:** _____
Business E-mail Address: _____
Business Web Site: _____

23. Please give a brief description of your business product or service and the markets and customers you are targeting (please attach additional pages if desired):

24. When did you first receive money for your product or service on a regular basis?
 (Make steady sales, likely to be more than 1 transaction in a 3 month period.) Business start date: ____/____/____

25. What percent of your business is male or female owned? ____% Female-owned ____% Male-owned

26. What is your business ownership structure (legal entity)?
 Sole proprietorship S Corporation Limited Liability Corporation Partnership
 Corporation Cooperative Don't know
 Other: _____

27. If you have a business partner, is s/he a JEDI client as well? Yes No
 What is your business partner's name?: _____

28. Do you have a DUNS number for your business? (JEDI does not require this.)
 If yes, my DUNS number is: _____

29. What were your total gross business sales (revenue) last year? \$ _____ (annual)

30. What were your average gross monthly sales (revenue each month) in the most recent 3 months?
 (Please provide a snapshot of how your business is doing now) \$ _____ (a month)

31. What is the amount of money taken out of your business for personal use last year? \$ _____ (annual)

31. Do you have paid employees or contractors? Yes No

32. How many employees did you pay in the past 12 months?
 _____ Full time (≥35 hours/week) _____ Part time _____ Seasonal/temporary
 Of these, how many were: _____ new jobs last year for jobless or unemployed individuals when you hired them
 _____ 'formal' jobs with health benefits; _____ jobs that paid into social security, etc.;
 _____ provided other benefits

33. How many independent contractors did you pay in the past 12 months?
 _____ Full time _____ Part time _____ Seasonal/temporary

34. Please estimate how much the new employees or contractors worked and their characteristics:

Employee #1: Hours/week: _____ hours Months/year: _____ months Health care benefits by employer
 Unemployed at hire Disabled Woman Low income Race/ethnicity: _____
Employee #2: Hours/week: _____ hours Months/year: _____ months Health care benefits by employer
 Unemployed at hire Disabled Woman Low income Race/ethnicity: _____
Employee #3: Hours/week: _____ hours Months/year: _____ months Health care benefits by employer
 Unemployed at hire Disabled Woman Low income Race/ethnicity: _____

To complete your Application for JEDI services please read and INITIAL the statements below to show your agreement:

_____ I certify that the information I provide JEDI is true and correct to the best of my knowledge and understand that it may be verified by JEDI staff to determine eligibility for program services.

_____ I agree to JEDI's request for the release of information regarding the general nature of my business venture and the services provided to me by JEDI representatives. I acknowledge that the use of all or any part of the information pertaining to the above will be at the discretion of JEDI for use in reporting to donors, evaluating and monitoring for program improvement, and public relations and is in no way intended to harm those parties involved. I understand I will receive no compensation in exchange for this release and that the recipient of the release will have the right to publish for the purpose of publicizing JEDI. In addition, I give JEDI permission to use:

_____ My name and description of my business, activity, and outcomes related to JEDI on a case-by-case basis

_____ Photographs of me pertaining to JEDI activities

_____ I agree to hold JEDI and any third parties harmless against any liability, loss, or damages caused or arising from the use of any and all information regarding my business and any utterance made by me or material furnished by me in connection with my participation therein.

_____ I understand that I am receiving services at well below market value thanks to JEDI funding partners. I will pay required fees upfront and these fees are non-refundable.

_____ I understand that JEDI staff or representatives will contact me at least twice a year to update my information for up to six years. I will provide true and compete answers to the best of my abilities.

_____ I understand that JEDI has a right to cease providing services to me if I do not abide by these terms.

REVIEW, SELECT, AND INITIAL ONE OF THE FOLLOWING:

_____ **For JEDI Entrepreneur Clients:** I understand that I will receive services based on an initial consultation with JEDI counselor and my own initiative. If I decide, in consultation with JEDI staff, to pursue a more accelerated business development path, I will follow the accelerated path described below. I agree to keep my contact information current and complete yearly updates (for up to 6 years and/or as long as I'm an active JEDI client).

_____ **For JEDI Entrepreneur Clients on the Prosperity Acceleration Path:** I understand this commitment is associated with, and intended to result in, a higher likelihood of successful business growth and improved financial well being. As an entrepreneur on the Prosperity Acceleration Path, I understand I will receive priority access to services and agree to pursue a more engaged and accelerated business development path.
_____ I will complete an initial consultation, assessment, and meet with JEDI technical advisors to design and then update my Action Plan on a regular basis (~1x every 3 months), keep my contact information current, and complete yearly update interviews—for up to 6 years and/or as long as I'm an active JEDI client even if I do not own a business at the time.

_____ **For JEDI Professional Development Clients:** As a Professional Development client, I understand that I and/or my employees will receive a limited level of JEDI services. Please select one:
 I am an individual improving my professional skills and knowledge.
 I am an employee receiving professional development workshops with JEDI. The name and contact information for my employer and/or owner of the business is in the Business Information section above. I am employed by (name of business or organization): _____
 I am the owner or manager of the business or organization with employees receiving JEDI services. I have completed the full Application for Services. My employees are (names):
1) _____ 2) _____ 3) _____

Signature: _____ Today's Date: ___/___/___

Thank You!

For Office Use Only: Outcome Tracker System ID#: _____ Data Entry Date: _____ Staff Initials: _____ Official Enrollment Date: _____ NAICS Business Code: _____ Business Status at entry: _____ HUD LMI at entry: _____ HHS level at entry: _____