



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 business. 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, 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, 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!

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, ext.10.)

- I currently own a business
~ or ~
- I intend to start a business or am looking into an idea
~ or ~
- I am an employee of a locally owned business
~ or ~
- I do not intend to start or own a business but want to increase my skills

STEP 2: Complete the JEDI Application for Services (form attached).

- A. If you checked that you are an employee or just want to improve your skills, please complete only the Personal and Household Information section of the Application for Services. Employees are asked to request their employer complete the Business Information section as well.
- B. **Complete the JEDI Fee Subsidy Verification process to receive low cost services.** Please ask JEDI staff for the *Fee Subsidy Verification Worksheet* form to guide your verification to qualify. We request this of any one with qualifying incomes.
- C. **We estimate the Application takes 20 minutes to complete if you use your most recent taxes or financial records for reference. Please call our Program Assistant with questions or requests: 530-926-6670, ext.10.**

STEP 3: Submit completed application.

- o Drop-off in person at our offices in Mt. Shasta at 403 Berry Street
- o Fax to 530-926-6676
- o Mail to JEDI, P.O. Box 1586 Mt. Shasta, CA 96067
- o E-mail to: jpayton@e-jedi.org

**JEDI seeks to provide you with excellent customer service and a clear path.
How are we doing?**

We pledge:

1. **Confidentially use the information you provide us** to continuously improve our services for you and to raise funds in support of business development for others who follow.
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 business and financial assistance.**

THANK YOU!

APPLICATION FOR SERVICES

We thank you for applying for JEDI services and 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 to provide you with the best possible services.
- Raise public funding support to support business development. 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 your progress over time.

We keep this information confidential. 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: _____

Would you like to be on JEDI's mailing list (email and/or other mailings)? Yes No

Goals and reasons for applying

Business Development

Determine feasibility of business idea

Learn about starting a 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

Reach consistent profitability

Buy, sell or close a business

Other, please specify: _____

Start a part-time business

Start a full-time business

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

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 (communications and computer)

For my business

For my personal and family financial planning

Other, please specify: _____

1. 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:

2. Gender: Female Male

3. What is your date of birth month/day/year)? ____/____/____

4. Race/Ethnicity (check one): White/Caucasian Asian Black or African American
 American Indian or Alaskan Native Hispanic or Latino Native Hawaiian or other Pacific Islander

Additional Race(s) (if mixed race, please add race(s) from list above):

Ethnic Identity or Origin (for example South Asian, Filipino, etc.):

5. What is your marital status?

Single/Never married Married Domestic partnership Divorced/Separated Widowed

6. What is your highest level of education?

Primary/elementary School (6th grade) Grade 7 to high school High School Graduate/GED
 Some college, continuing education Associate degree or Certification (AA, etc.)
 Bachelors Degree (BA, BS, etc.) Masters/Graduate degree (MA, MS, MFA, MBA, etc.)
 Doctorate/Postgraduate (PhD, MD) Other or describe certificate or license: _____

7. Do you have a disability? Yes No If yes, please describe:

8. Military Service: Have you ever served in the Armed Forces? (Active Duty, National Guard, Reserve)

Yes No If yes, would you consider yourself: Veteran Service-disabled veteran

9. Do you have access to or own the following technology for personal use?:

Phone Computer Email account Dial up Internet High speed Internet

10. Are you currently working for yourself (self employed)? Yes No

If no, do you intend to start a business and be self employed? Yes No

If yes: Is your total self-employment: Full time (≥35 hours/week) Part time Seasonal?

What percent of your total household income is your self-employment income?: _____%

Do you currently own one or more business(es) Yes No

How many businesses or types of self-employment?: _____

11. Are you currently employed by someone else? Yes No

If yes: Is your total employment: Full time (≥35 hours/week) Part time Seasonal

Average hourly wage: \$ _____ or annual salary: \$ _____

What percentage of your total household income is income from wages or salary?: _____%

12. Are you currently unemployed or jobless? Yes No

If yes: How many months have you been unemployed/jobless in the past 12 months?: _____ month(s)

Unemployment Percentage of Total Household Income: _____%

Why are you jobless or unemployed? (Select all that apply): Homemaker Personal Reasons Injury

Disability Laid off or let go Student Retired Other:

Household Information

13. What percentage of your total household income, if any, comes from the following benefits?

Child Support _____% Spousal Support _____% Parents/Family _____% Public Assistance _____%

Savings/Investment/Retirement/Social Sec _____% Other _____% Please specify other sources: _____

14. Does anyone in your household (including you) receive or participate in any of the following?

(Please select all that apply): None – My household does not receive public assistance

Food Stamps General Assistance Women Infants Children (WIC) TANF/AFDC CalWORKs program

SSI SSDI Free or low cost childcare Section 8 Housing voucher/other housing assistance

Other assistance, please specify:

15. Do you have health insurance? Yes No What is the primary source of your health insurance?

Private MediCal (state-no cost) Medicaid Medicare (for seniors) Healthy Families Business

My spouse/partner's employer pays My Employer My employer and I both pay

Other source of health insurance, please specify:

16. Do the other people in your household have health insurance (please include your children)?:

All Members Insured Some Members Insured No Members Insured Not Applicable – I live alone

17. What is your household's (people who share income & expenses) CURRENT total ANNUAL INCOME:

Please estimate, use your most recent Adjusted Gross Income from your most recent taxes,
proof of public assistance, and/or a JEDI Income Worksheet (available from JEDI staff).

\$ _____

18. How many people currently share income and expenses in your household (including children)?

_____ total people share income and expenses How many are children under the age of 18? _____

19. JEDI sometimes calculates the degree of income adequacy—making ends meet—using a tool called the self sufficiency standard. For this we need to know the birth dates of all the children under 18 years of age living in your household (please give month/year):

Child #1:	Child #2:	Child #3:	Child #4:	Child #5:	Child #6:

20. Are you the head of your household? Yes No

21. Have you filed income taxes in the past 3 years? Yes No

22. Have you received tax credits? Yes No Type of tax credit EITC Other: _____

23. Have you received tax preparation assistance from the JEDI VITA site in the past? Yes No

How many years have we helped you prepare your taxes: _____ years (enter '0' if 'no')

24. Do you own the home you live in? Yes No

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 Please select one of the following:

I am currently self-employed or in business. Please complete the following section and Agreement on the next page.

I know the business I plan to start or own within the coming year but have not made regular sales. Please complete only the business contact information, questions 25, 26, and the Agreement on the next page.

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: _____

25. Please give a brief description of your business product or service:

26. What is the status of your business plan? Complete In process Not started

27. 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: ____/____/____

28. From what location does this business operate? (please check one as the primary location)

Home-based Retail shop Manufacturing facility Business incubator Other commercial location

Other, please specify: _____

29. What percent of your business is female owned? ____% Female-owned

30. What percent of your business is minority owned? ____% Minority-owned

31. What is your business ownership structure (legal entity)?

Sole proprietorship S Corporation Limited Liability Company Partnership Corporation

Cooperative Not yet established Other: _____

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

33. If possible, please provide your business: (not required) DUNS #: _____ NAICS Code: _____

34. Do you have access to or own the following technology for your business?:

Phone Computer Email account Dial up Internet High speed Internet Website

35. Do you have a business license? Yes No

36. Do you have a business checking account? Yes No

37. Do you have a business savings account? Yes No Don't know N/A

38. What percentage of your customers are located: Inside Siskiyou County _____%

39. Is your business currently breaking even (sales cover all expenses)? Yes No Don't know

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

41. Please provide your profit for the most recent year: \$ _____ (profit/loss) for year 20__ __

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

43. What is the percent of your annual household income does this business provide? _____%

44. How much did you work at this business in the past 12 months?

Full time (≥35 hours/week) Part time Seasonal/temporary

45. I operate this business:

Full time/year round Full time/seasonal
 Part time/year round Part time/seasonal

46. Do you have paid employees or contractors (tax form 1099), or business partners? Yes No

47. How many employees, contractors, or partners were paid by this business 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

48. What type of financing did you use to start your business?

N/A Family/friends
 Income from job Business profits (reinvest) Personal savings Private investor(s)
 Credit Card(s) Bank Loan (name of bank): _____
 Government Loan (program or agency name): _____
 Other, please specify: _____

What was the total amount of funding from these sources you used to start your business: \$ _____

49. What are your most recent sources of business financing? (Please provide information for full year if possible.)

N/A Family/friends Income from job Business profits (reinvest)
 Personal savings Private investor(s) Credit Card(s)
 Bank Loan (name of bank): _____
 Government Loan (program or agency name): _____
 Other, please specify: _____

Total amount of business financing from sources noted: _____

Loan date (closed): _____ Use of loan proceeds (intended purpose): _____

To complete your Application 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 in advance of receiving services.

_____ 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.

Client Signature: _____ Today's Date: ____/____/____

For Office Use Only: Outcome Tracker System Client ID#: _____ Staff Initials: _____ Date of Enrollment for Profile(s): _____
Client w/ 96097 zip code in Yreka Sphere of Influence: Yes No HUD LMI: _____ HHS level: _____
Outcome Tracker System Business ID#: _____ Date of Enrollment for Profile(s): _____
Operating Biz at Entry: Yes No Business Status: _____ Business status date: _____
NAICS Business Code (6 digits): _____ NAICS Industry Title: _____