

Impact Business Plan Competition Application

Submit completed application by mail or hand deliver to:
Attn: IMPACT, WORC 2010 Chestnut Street, Philadelphia, PA 19103

****PLEASE PRINT ****

PERSONAL INFORMATION

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Are you current employed: Yes / No Is yes then I'm employed: full-time _____ part-time _____

How many people live in your household? adults _____ children _____

What is your total income _____ what is the total household income? _____

List the training class that you graduated from, the organization that held the class and date completed:

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Is the business registered with the city and state Yes / No

If yes then:

a) What month and year was the business registered _____

b) What is the current legal structure of the business _____

What are the total sales for the past 12-months of the business? \$ _____

Is the business your primary source of income? Yes / No

List the names and ownership percentage of additional members of the business

_____ % _____ % _____

Initial the following statements:

_____ I have read, understand, and am in compliance with the eligibility requirements and judging criteria

_____ I agree to release my photo and business contact for the promotion of the Impact Awards, my company and/ or WORC

NARRATIVE

The Answers to the below questions should be typed and submitted on a separate piece of paper

1. Provide a brief description of the business and current stage of operations (100 words or less)
2. Social impact refers to how the organization's actions affect the surrounding community by assisting specific people in need or by solving a specific problem that would cause something or some persons to have improved conditions. How does your business create a social impact? (250 words max)
3. How will the prize funds advance the business (250 words max)