

Sunfeather
FOUNDATION
Planting Seeds • Growing Businesses • Cultivating Communities

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www.SunFeather.com



Section I. ELIGIBILITY

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Birth Date: _____ Social Security Number: _____

U.S. Citizen or Permanent US Resident?: Yes _____ No _____

Household income as of today is (*Line 37 adjusted gross income from last year's federal income tax form*)

Yearly: \$ _____ How many in your household? _____

Secton II. DEMOGRAPHICS

The following information is for statistical purposes only. Please check all that apply:

Applicant Gender: Female _____ Male _____

Veteran Status: Non-veteran _____ Vietnam-era Veteran _____ Other Veteran _____

Race/Ethnicity: African American _____ Hispanic _____ White _____ Puerto Rican _____

Eskimo/Aleuts _____ American Indian _____ Multi Group _____ Asian/Pacific Islander _____

Secton III. BUSINESS DESCRIPTION

Name of business: _____

Please describe the business you plan to start or that you already operate:

Will your product or service be competitive based on its quality, price and location? Please explain how:

Do you have a location in mind from which you will operate your business? Please describe the business location and provide the name of the village or town in which it is located:

Have you ever made an attempt at this business idea before? What happened? Explain your determination and your motivation to succeed with this business idea?

How will your business benefit our community?

Section IV. DESCRIPTION OF FUNDS AND SERVICES NEEDED

List the training or experience you already have (if any), that will help you run this business:

As specifically as possible, list the training or experience you will need (if any) to receive to help with this endeavor.

List the supplies and/or merchandise you will need to purchase and their cost:

Share the budget for this total project, indicating the funding source of each item:

Have you located reliable sources for the supplies or merchandise?

How will you maintain a complete record of sales, income, expenses, and accounts receivable and payable? Will you need help with this task?

Total amount of Grant request: \$

Please write any other comments or concerns that you have:

Please attach copies of any materials that may be helpful.
(business plan, research documentation, fliers, etc).

*Applications are accepted at any time & reviewed 4 times a year.
Application due dates are January 1, April 1, July 1, October 1.*

Please give a projected timeline of how your business will progress in 3, 6, and 12 months.

Business Goals Projection Table	3 months	6 months	12 months
Specific Goals to Set Up Your Business			
Specific Goals to Run Your Business			
Specific Goals to Market/Advertise Your Business			
Sales Goals for Your Business			
Other Goals You Would Like To Achieve			