Blueline Project
Business Services List

**Business Management:**
- Business Assessment
- Review Business Plan / Concept Review and Refine
- POS Assessment
- Customer Service Consultation
- Assistance with City Licensing, Zoning and Permitting
- Insurance Policy Review

**Food Business Management:**
- Requirements and Layout
- Menu Review and/or Development
- Equipment Review and/or Sourcing
- Food Cost Analysis and Pro-Forma
- Food Production and Packaging Analysis
- Restaurant Management Consultation

**Marketing Plans, Branding and Strategies:**
- Logo/Branding (font, color scheme)
- Signage Development
- Collateral Development (for print materials)
- Menu or Menu Board Layout and Design
- Commercial Photography

  **Online Strategies:**
  - Social Media Strategies and Training

**Recordkeeping and Accounting Set Up & Training:**
- QuickBooks Training, Setup and/or Cleanup
- Excel Accounting Training and Setup
- Create 1 Quarter / Month Profit & Loss Statements
- Review of Financial Statements and Systems
- Tax Income Review and Recommendation
- Payroll & Sales Tax Review and Recommendation

*Check with your local Public Library for classes and workshop on computer trainings

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Contact Our Team at:

**ACER**
Denise Butler
6800 78th Ave N. Suite 101
Brooklyn Park, MN 55445
Email: dbutler@acerinc.org
Office: 763-657-7711

**NDC**
Natalia Hals
663 University Ave W, Suite 200
St. Paul, MN 55104
Direct: 651.379.8424
Email: nhals@ndc-mn.org
Blueline LRT Project
Small Business Background Questionnaire

Date: Interviewer:

Name of Business:

Name of Business Owner:

Business Address:

Business Phone Number: Email:

Number of years in business:

Blueline Light Rail Stop: 93rd 85th BkBlvd 63rd

Please Note: All information provided will be kept in the strictest confidence by ACER/NDC. The information voluntarily provided will only be used to assist you and your business.

Top 3 Services needed:

1.
2.
3.

BUSINESS DESCRIPTION:

General

1. What type of business are you in?

2. How many years in business?

3. What type of Legal Entity is your business (i.e. C Corp, Partnership, LLC)?
4. Do you have a business plan?

5. What are 3 of your most popular product(s) and/or service(s)?

6. What are your least popular products/services?

**THE MARKET:**

7. Describe in detail your most common customer

8. How do new customers learn about your business?

9. How many customers do you have;
   - a day:
   - A week:
   - A month:

A. **Competition**

10. What are the strengths of your business?

11. What are the weaknesses of your business?

12. Are there threats or external factors that may interrupt or derail your business and/or its operations?

B. **Marketing Strategy**

13. What kind of marketing have you used? What are you doing now?

14. What works? What doesn’t work?
15. What would you like to do but haven’t?

16. Any media attention in the paper or on TV for your business? If so, please describe.

17. Do you have....?
   - Logo/Brand
   - Business Cards
   - Website
   - Brochure
   - Social Media Accounts
   - Direct Marketing
   - Signage
   - Window display

Of these, which work well for your business? Which need improvements?

MANAGEMENT/OPERATIONS:

A. Personnel

18. Including yourself, how many employees do you have;
   - FT:
   - PT:

19. Are you happy with your current employees and employee structure?

20. Do you have any technology needs?

21. Do you own your building?
   - Do you have any building improvement needs?
   - Do you have any interest in funding to update your storefront?
B. Business Advisors

22. Who are your advisors? What type of expertise do they provide?

23. What kind of advisor expertise do you still need?

C. Legal and Insurance Issues

24. Any concerns with your insurance, licensing, legal, taxes, rent/lease, etc.?

FINANCES:

A. Project Budget/Financing Needs

25. Are you making enough to cover your business expenses?

26. Do you have a bookkeeper/accountant? If not, do you feel you need one?

27. Do you need assistance with your cash management system?

28. Do you have a project that need financing assistance? If so, what size of loan are you seeking?

29. Do you have any concerns with your credit history/score? Do you have access to or are you interested in credit counseling services?
### Blueline Project NDC/ACER Budget

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<th>Tasks</th>
<th>Hours &amp; Descriptions</th>
<th>NDC</th>
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<td>See List 175 total hours at 9 hours per month</td>
<td>90% $15,750</td>
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<td>Outreach and small business technical assistance by station area (Tasks 1 &amp; 2)</td>
<td>Outreach = 240 hours (20% of total hours) NDC 72 hrs, ACER 168 hrs</td>
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<td>TA = 640 hours (80% of total hours) NDC 192 hrs, ACER 448 hrs</td>
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Total Project Cost: $84,500
### Blueline LRT Project

#### Workplan Projected Hours

**10/28/19**

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|       | 75 | 55 | 53 | 59 | 43 | 43 | 42 | 36 | 36 | 36 | 1149 |

*Attachment A*
BLUELINE PROJECT
MicroGrant | Grant Application

*Indicates required field

* First Name:  Middle Name:  * Last Name:

* Date of Birth (MM/DD/YYYY):

* Primary Phone:  Secondary Phone:

* Email Address:

* Personal Address:
  City:  State:  ZIP Code:

*Business Name:

*Business Address (if applicable):
  City:  State:  ZIP Code:

I have received a Microgrant through NDC in the past?
  □ Yes
  □ No

I am (please select all that apply):
  □ NDC Student or Alumni
  □ NDC Loan Client
  □ NDC Tenant

Gender (please select):
  □ Male
  □ Female
  □ Other
Ethnicity (please select):
___ African
___ African American ___ Hispanic/Latino/a
___ Asian ___ Multi-racial
___ Native American ___ Other
___ White/Caucasian

What is the highest education level you have completed?:

If you are still in school, what certification are you working towards? (please select):
___ Not still in school
___ High School Degree or GED
___ Associate's Degree, Trade or Technical School, or Other 2-Year Degree
___ Bachelor's Degree or other 4-Year Degree
___ Master's, PhD, or other Post-Bachelor's Degree
___ Other

Emergency Contact Name:

Emergency Contact Phone Number:

* Emergency Contact Email (if none, enter Agency contact email address):

* Current Employment Status (please select):
___ Unemployed
___ Employed Full Time
___ Employed Part Time
___ Self Employed
*Do you have an annual individual income of less than $36,000?

*If you own your own business, how many employees do you have?:

I have a business that is making sales?

__ Yes
__ No

*Number of years in operation (if applicable)?

Current Employer:

Current Position:

Start Date:

* Annual Individual Income:

* Annual Household Income:

* Number of Adults in Household:

* Number of Dependent Children in Household:

* Do you receive public assistance? (please select):

__ No public assistance
__ WIC or other funds for children
__ Unemployment/disability insurance
__ Housing assistance
__ Food stamps
__ Other
If yes, monthly total?:

* For what purpose will you use the grant money?

* What is your goal, and how will this grant help you achieve it?

* What is your time frame for achieving the goal(s)?

* How positive are you about your life circumstances in the next 3-5 years?

* Please provide an itemized list of things you would purchase if a MicroGrant was given.
  Examples Given: Dell Laptop $652 www.examplelink.com
  Business Cards/500 count $75 www.vistaprint.com
Blueline Microgrant Program Guidelines

Eligibility of businesses:
- Business is located at one of the 4 stops that ACER has been assigned
- Independent Small business making 2.5 Million or less annually (no franchise or corporations).
- Annual Income

Eligible services:
The grant must fund an opportunity for the next plateau in an individual’s life and a long-term potential increase in income. We do not fund ongoing needs such as rent, rent deposits, utilities, food, clothing, insurance deposits of any kind, insurance, child care or credit card payments.
- Thermometers
- Retail shields
- Web development

Budget:
- ($45,000-$4,500 for Admin= $40,500 available funds)

Microgrant are reviewed:
- After Microgrant Application (Attached) is received
- Applicant needs to attach a copy of the inventory and/or supplies list to be purchased or invoice, cost of bid/items to be purchased at the time of submission.
- It is reviewed and voted by the committee: Nelima Sitati-Munene, Denise Butler, Natalia Hals and Shahir Ahmed
- Using the Microgrant Evaluation Sheet (attached)

Min/Max microgrant amounts:
- ($1,000-1,500 per applicant)

Microgrants are tracked:
- We will follow up with recipients in two months to confirm that the funds received were used for eligible expenses
- We will also find out if receiving the funds helped move their business forward
- We will track this feedback in a spreadsheet

Promotional Materials:
- (not applicable at this time)
MicroGrants | Grant Application

*Indicates required field

* First Name:    Middle Name:    * Last Name:    

* Date of Birth (MM/DD/YYYY):    

* Primary Phone:    Secondary Phone:    

* Email Address:    

* Personal Address:    
City:    State:    ZIP Code:    

*Business Name:    

*Business Address (if applicable):    
City:    State:    ZIP Code:    

I have received a Microgrant in the past?    
__ Yes    
__ No    

My business is located at this stop:    
__ 93rd Ave    
__ 85th Ave    
__ Brooklyn Blvd    
__ 63rd Ave    

Gender (please select):    
__ Male    
__ Female    
__ Other
Ethnicity (please select):
__ African
__ African American __ Hispanic/Latino/a
__ Asian __ Multi-racial
__ Native American __ Other
__ White/Caucasian

What is the highest education level you have completed?:

If you are still in school, what certification are you working towards? (please select):
__ Not still in school
__ High School Degree or GED
__ Associate's Degree, Trade or Technical School, or Other 2-Year Degree
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Emergency Contact Name:

Emergency Contact Phone Number:

* Emergency Contact Email (if none, enter Agency contact email address):

* **Current Employment Status (please select):**
__ Unemployed
__ Employed Full Time
__ Employed Part Time
__ Self Employed

*Do you have an annual individual income of less than $36,000?

*If you own your own business, how many employees do you have?:
I have a business that is making sales?
__ Yes
__ No

*Number of years in operation (if applicable)?

Current Employer:
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__ No public assistance
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If yes, monthly total?:

* For what purpose will you use the grant money?

* What is your goal, and how will this grant help you achieve it?

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