

# 2019 ID Partnership Innovative Employment Outcomes Application

Date Application Submitted: \_\_\_\_\_ Application Deadline: **April 26, 2019**

Applications **must be received** no later than **4:00 PM** on the application deadline of **April 26, 2019**

## Organization Contact Information

Business Name:

Legal Name (if different):

Address:

Employer Identification (EIN):

Phone:

Website:

## Contact for Application

Name:

Title:

Phone

Email Address:

**Business Status:** check which applies

- ☐ Limited Liability Company
- ☐ Benefit Corporation
- ☐ Corporation Stock
- ☐ Corporation Non Stock
- ☐ Limited Liability Partnership
- ☐ Limited Partnership
- ☐ General Partnership
- ☐ Religious Corporation or Society
- ☐ Sole Proprietorship
- ☐ Statutory Trust

Please provide a copy of your current business status including Articles of Incorporation/Organization and/or your IRS determination letter indicating your tax exempt 501(c)(3) status.

All sections and questions on this page require responses for the application to be accepted and reviewed. If a question is not applicable to the proposal, please respond Not Applicable and explain why.

**I. OVERVIEW**

- a. **Provide an overview of your proposed or expanding business concept** (3-5 sentence maximum)
  - i. Include history if this is an existing business, Mission/Purpose and the date the business was established with the State of CT
- b. **Provide a description of your product and/or service**
  - i. What product and/or service are you creating, marketing, and/or selling?
- c. **Identify the goals for your business**
  - i. Where do you expect the business to be in one year, three years, five years, etc.?

**II. EMPLOYMENT**

- a. **Identify the job classifications/job types for direct and indirect labor hours**
  - i. Include a breakdown for employees with and without disabilities
- b. **Estimate the total number of weekly and annual job hours and headcount for your workforce?**
  - i. Provide a breakdown of those total hours for people with disabilities and people without.
- c. **What are the projected hourly wages for employees who have disabilities?**

**III. STRATEGY & MANAGEMENT**

- a. **Describe your target market.** Where geographically will the business be located? What physical setting, i.e. Mall, strip plaza, home based, online, etc.? Who are your ideal customers? What is the geographic location of your customers?
- b. **Identify your competition and describe what differentiates your business.** Who are you up against, and what unique value proposition will you deliver?
- c. **Describe your management team.** What do they bring to the table that gives your business a competitive edge?

**IV. FINANCIALS**

- a. **What is your financial outlook for the business?** Explain exactly how much money you want, how you will use it, and how that will make your business more profitable, allow you to expand or achieve increased employment goals for people with disabilities.
- b. **Budget Information**
  - i. Please provide a 1 year and follow on year financial pro forma projection (Profit and Loss Statement) for your existing or proposed business in which the funds will be used.
  - ii. **Which revenue/grant category are you applying?**
    1. ☐ \$10,000
    2. ☐ \$25,000
    3. ☐ \$50,000

**SUBMISSION INSTRUCTIONS**

Please email your application and relevant attachments to David David ([David.David@ct.gov](mailto:David.David@ct.gov)). Please include your business name and “2019 Employment Outcomes Grant Application” in the subject line of your message.

Please feel free to email any questions you may have about the process to the contact above.