



## WE CAN GROW Program GROW Group Member Application Form

Thank you for applying to the GROW Group Program. This program is limited to 6 to 8 participants per group. As such, once you complete this application we will set up an interview. Following the interview we will notify you as to whether you have been accepted into the program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

Which location are you applying for? Check one or both.

Harwich

Hyannis

Business Name: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Year Started: \_\_\_\_\_

Approximate Annual Revenue: \_\_\_\_\_ Profitable?  Yes  No

Your primary role in the business: \_\_\_\_\_

What do you hope to gain from the GROW Group?

Are you willing to share business financials with the group if necessary?

Yes  No

Are you able to make a six-month commitment to the program?  Yes  No

Why did you start/buy/take over this business?

What is your short-term goal for the business?

What is your long-term vision for the business?

What are the two biggest opportunities for your business right now?

What are two concerns for your business right now?

What skills/experience do you have to make this business a success?

Please check the area(s) where you need assistance?

- |   |   |
|---|---|
| <input type="checkbox"/> Growing the business                   | <input type="checkbox"/> Sales and marketing              |
| <input type="checkbox"/> Developing a business plan             | <input type="checkbox"/> Budget/determining profitability |
| <input type="checkbox"/> Obtaining financing/credit             | <input type="checkbox"/> Pricing                          |
| <input type="checkbox"/> Being the boss/managing people         | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Information on courses, training, etc. |   |

Do you have a business plan? Yes No

If no, do you understand the components of a business plan? Yes

No

Do you have a working relationship with a bank? Yes No

If yes, which bank?

How does your support system (family, friends, business colleagues) support you in running your business?

Are there things that get in the way or make it difficult for you to run or manage a business?

Please provide any other information that might be helpful for us to know about you and your business:

Do we have your permission to contact you after the program has concluded to gain your feedback on the program? Yes No

To assist us as we plan future GROW Groups what is the best time to schedule GROW sessions? Mornings  Afternoons  Evenings