

Leadership Training for Entrepreneurial / Small Business / Economic Development

NATIVE ENTREPRENEURS CANDIDATE APPLICATION

*Creating Opportunities
in Our Communities*



California Indian Manpower Consortium, Inc.
738 North Market Boulevard, Sacramento, California 95834
(916) 920-0285; (800) 640-2462 - toll-free; (800) 748-5259 - TTY; (916) 641-6338 - FAX
www.cimcinc.org

The CIMC Movement: Creating Positive Change for Native Communities

CANDIDATE'S APPLICATION

Candidate Requirements: Candidate must be endorsed by a Tribe OR referred by CIMC's Workforce Development Program as a program participant. Candidates must be able to provide verification of American Indian heritage, be at least 18 years of age, commit to attending all four sessions, and agree to participate in the intake/eligibility process of CIMC's Workforce Development Program.

PART I - Candidate Information

This part of the application provides the candidate's contact information and will be used to contact candidate before, during and after the training program.

Please type or print clearly.

Mr. Ms. Other _____

First Name:	Middle:	Last Name:	Jr, Sr. III, etc:
Name you want to be called in class (if different than your first name):			
Home Mailing Address:			
City:	State:	Zip Code:	
Home Physical Address (please be specific):			
City:	State:	Zip Code:	
Email:			
Telephone Numbers:	Primary Number: ()	<input type="checkbox"/> Home	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Message
	Alternate Number: ()	<input type="checkbox"/> Home	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Message
American Indian Tribal Affiliation:			
Reservation/Rancheria (if applicable):			
Employer (if applicable):			
Emergency Contact:		Mobile Phone: ()	
Relationship:		Home Phone: ()	

Candidate must be a member or employee of endorsing tribe and must be able to verify American Indian heritage. Tribe may endorse more than one candidate.

Endorsement (check one option):

<input type="checkbox"/> Endorsed by Tribe: _____ A letter of endorsement must be signed by Tribal Chair, Tribal Council Member or Tribal Administrator -- sample included in Candidate Application.	<input type="checkbox"/> Letter Attached
<input type="checkbox"/> Endorsed by CIMC Field Office: _____ ELIGIBLE CIMC Workforce Development Program participants may be endorsed by their Workforce Development Coordinator. <i>Coordinator must submit a brief statement of endorsement.</i>	<input type="checkbox"/> Endorsement Attached
Workforce Development Coordinator's Name: _____	

PART II - Self Assessment

A. Self-rating of Knowledge and Understanding of Enterprise Development

I consider myself to possess the following degrees of knowledge/understanding of the subjects listed below (5 represents very knowledgeable, 0 represents no knowledge):

B. Self-Rating of Candidate Qualifications

I consider myself to possess the following degrees of leadership attributes: (5 represents high degree, 0 represents low degree):

Subjects:	High						Low							
	5	4	3	2	1	0	5	4	3	2	1	0		
1. Entrepreneurs in American Economy														
2. Market Analysis														
3. Feasibility Analysis														
4. Developing a Business Plan														
5. Goal Setting														
6. Team Building and Organizational Development														
7. Management														
8. Small Business Technical & Financing Resources														
9. Sales and Pricing Strategy														
10. 8-A Certification Requirements														
11. E-commerce, Internet Sales														
12. Native Art, Dance, Theatre, etc. as a Business														

PART III - Personal History

This information will NOT be used as criteria for selection.

Date of Birth: / /	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Marital Status:	No. of Children:	Ages:

Educational Background: (Check all that apply.)	<input type="checkbox"/> Some High School <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Other Degree: <input type="checkbox"/> Vocational Certificate: <input type="checkbox"/> Other Certificates: <input type="checkbox"/> Other:
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PART IV - Candidate's Purpose for Attending the Training

This part requires written statements by the candidate that indicate your reasons for applying, the field in which you wish to start a business, the benefits expected to be gained from this training program and your prior training in enterprise development related subjects. These written statements will also be used to identify training needs and background factors that relate to these needs and will be important criteria used in the final selection. Please use additional pages if needed.

A. Describe your reasons for applying to the CIMC Leadership Training for Entrepreneurial / Small Business / Economic Development.

B. Indicate the field in which you wish to start a business, your background and/or experience in this particular field, and your reasons for starting this type of business.

C. Describe the skills you expect to acquire and how the CIMC Leadership Training for Entrepreneurial/ Small Business / Economic Development will enhance your ability to plan and manage a small business.

D. List prior training in which you have participated, focusing on entrepreneurship or economic development or in a related field during the past five (5) years.

PART V - Certification

I, _____ hereby certify that the information contained in this application is accurate to the best of my knowledge.

Please initial:

_____ I understand that this application will only be considered if it is complete and submitted by specified due date.

_____ I understand that I will be required to participate in CIMC's Workforce Development Program intake / eligibility process, which includes but is not limited to verification of American Indian heritage, income, and selective service registration (if male).

_____ I understand that, if selected, I will be required to submit a statement from my physician / medical provider if special accommodations are needed.

_____ I understand that I will be required to attend all four (4) sessions and that CIMC will make all travel arrangements and pay for associated expenses, if needed, for ELIGIBLE program participants in accordance with federal travel regulations; if I am NOT eligible, I may still attend training if selected but will need to use non-CIMC financial resources for travel expenses and a fee may apply.

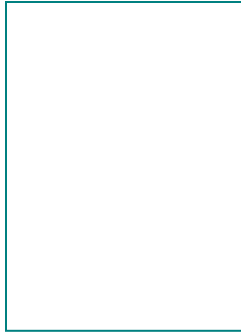
Candidate's Signature

Date

Attachment A - Media Release Information

The Media Release Information will be used to recognize candidates before, during and after completion of the CIMC Leadership Training for Entrepreneurial / Small Business / Economic Development. This form must be signed by the candidate for use of the photograph (and other photographs and/or video footage that may be taken during the training).

Please attach a passport quality photograph of yourself or a photo clearly showing your face.



Name of Local Newspaper:		
Mailing Address:		
City:	State:	Zip Code:
Telephone Number: ()	Fax Number: ()	
Email:	Website:	

Name of Tribal Newspaper:		
Mailing Address:		
City:	State:	Zip Code:
Telephone Number: ()	Fax Number: ()	
Email:	Website:	

It is expressly understood that California Indian Manpower Consortium, Inc. may use the above photograph and any other photographs/video footage taken during training for outreach purposes. It is further understood that the photographs/video footage are the property of CIMC and can be used for other legal purposes as they desire.

Candidate's Signature

Date

SUBMIT AFTER CANDIDATE IS SELECTED

This OPTIONAL Special Accommodation Request form should be submitted if special accommodations are needed and/or if applicant wishes to inform facilitators of his/her serious medical condition(s) and/or medications that are being used. If sent with application, it will be separated from application prior to review.

Any other suitable forms pertinent to this request may be used. (Note: California Indian Manpower Consortium, Inc. cannot pay for any charges incurred by the candidate for completion of the Special Accommodation Request form.)

INFORMATION WILL BE KEPT CONFIDENTIAL. (CIMC's confidentiality policy is available for review upon request.)

Candidate's Name: _____

Please complete applicable section.

Special Accommodation Request:

Serious Medical Condition(s) / Use of Medication:

Physician / Medical Provider's Signature

Date

License No. _____

SAMPLE ENDORSEMENT LETTER

for CIMC Leadership Training for Entrepreneurial / Small Business / Economic Development

USE TRIBAL LETTERHEAD

Date

Ms. Lorenda T. Sanchez, Executive Director
California Indian Manpower Consortium, Inc.
738 North Market Boulevard
Sacramento, California 95834

RE: Leadership Training for Entrepreneurial / Small Business / Economic Development

Dear Ms. Sanchez:

The _____ [tribe's name] is pleased to endorse _____ [candidate's name], known to be a highly motivated tribal [member / employee] in [his / her] efforts to participate in the CIMC Leadership Training for Entrepreneurial / Small Business / Economic Development. [He / She] is involved in _____ [tribal operations / tribal committees / community activities, cultural activities, etc.] and the knowledge gained will be of great benefit to our tribe and community.

Sincerely,

Tribal Chairman
[or Tribal Council Member, Tribal Administrator]

cc: Candidate