

2022 Reimbursement Application

Name _____ Date _____

Business or Home Address _____

City _____ State _____ Zip _____

Phone number where CDR can contact you _____

Email address where CDR can contact you _____

ELIGIBLE SCC WORKSHOPS

TECHNOLOGY

QuickBooks 2021: Basic (all day)	11-10-2022 (Th)	\$ 159	<input type="checkbox"/>
QuickBooks 2021: Advanced (all day)	11-17-2022 (Th)	\$ 159	<input type="checkbox"/>
Working with QuickBooks Online (all day)	12-15-2022 (Th)	\$ 159	<input type="checkbox"/>
Introduction to InDesign CC (all day)	11-5-2022 (Sat)	\$ 159	<input type="checkbox"/>
Adobe Acrobat DC Pro (all day)	11-11-2022 (Fri)	\$ 159	<input type="checkbox"/>
Adobe Creative Cloud (all day)	11-12-2022 (Sat)	\$ 159	<input type="checkbox"/>

SCORE WORKSHOPS

SCORE Workshops	Various	\$ 49	<input type="checkbox"/>
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Community Development Resources (CDR) will *reimburse* expenses for approved applicants to attend specific workshops and seminars. (Expenses only include the cost of the program, and any required books.) Here is how it works:

1. Submit an application, in person, to CDR at least 1 week prior to the workshop. CDR will approve/deny application.
2. Register for the workshop and purchase any required books. **SAVE THE RECEIPTS FOR PAYMENT**
3. Attend the workshop – have the instructor sign the attendance form.
4. Attach the receipts to the attendance form and give/send it to CDR.
5. Meet with a CDR Staff member
6. CDR will send you a check within 1 week to reimburse you.

By submitting an application, you agree to meet with a CDR staff member twice – at application, and after attending the workshop.

Signature

Date

BUSINESS INFORMATION

Name of Business _____

Business Stage Pre-startup Start-up (1 year or less) Existing # of yrs. _____

What is your product/service? _____

Is your present/future business home based? Yes No
If not home based, is location Owned Leased

Use of professionals: (Check all that apply):

Attorney Accountant Advertising/Marketing Bookkeeper
 Business Coach NBDC Score Other

Experience related to business? _____

Current business issues. _____

Who is your customer? _____

How many people does your business employ? _____

What were your gross sales from last year? _____

Demographics

1. **Ethnicity** Hispanic or Latino Not Hispanic or Latino
2. **Race** Native American/Alaskan Black or African American Asian
 Hawaiian/Pacific Islander Caucasian Other
3. **Are you a veteran?** Yes No
4. **Do you file as "Head of Household" on your income taxes?** Yes No
Number of people in your household? _____
5. **What was the applicant's household's gross annual income last year from all sources?** _____

Household Size

1	<input type="checkbox"/> Less than \$19,050	<input type="checkbox"/> \$19,051-\$31,750	<input type="checkbox"/> \$31,751-\$50,750	<input type="checkbox"/> \$50,751 or more
2	<input type="checkbox"/> Less than \$21,800	<input type="checkbox"/> \$21,801-\$36,250	<input type="checkbox"/> \$36,251-\$58,000	<input type="checkbox"/> \$58,001 or more
3	<input type="checkbox"/> Less than \$24,500	<input type="checkbox"/> \$24,501-\$40,800	<input type="checkbox"/> \$40,801-\$65,250	<input type="checkbox"/> \$65,251 or more
4	<input type="checkbox"/> Less than \$27,750	<input type="checkbox"/> \$27,751-\$45,300	<input type="checkbox"/> \$45,301-\$72,500	<input type="checkbox"/> \$72,501 or more
5	<input type="checkbox"/> Less than \$32,470	<input type="checkbox"/> \$32,471-\$48,950	<input type="checkbox"/> \$48,951-\$78,300	<input type="checkbox"/> \$78,301 or more
6	<input type="checkbox"/> Less than \$37,190	<input type="checkbox"/> \$37,191-\$52,550	<input type="checkbox"/> \$52,551-\$84,100	<input type="checkbox"/> \$84,101 or more
7	<input type="checkbox"/> Less than \$41,910	<input type="checkbox"/> \$41,911-\$56,200	<input type="checkbox"/> \$56,201-\$89,900	<input type="checkbox"/> \$89,901 or more
8 or more	<input type="checkbox"/> Less than \$46,630	<input type="checkbox"/> \$46,631-\$59,800	<input type="checkbox"/> \$59,801-\$95,700	<input type="checkbox"/> \$95,701 or more

6. **Years of Education** (Please check one)

High school graduate 2-year college graduate
 Some vocational/trade school/college 4-year college graduate
 Vocational/trade school graduate Post-graduate college

Date _____

Dear _____

Congratulations!

You have been approved for reimbursement for the _____
Workshop at SCC.

Please have the Instructor/Leader sign the attendance form below. Attach your receipts for payment of the workshop fee, and any books you had to buy to the form. Return the form to CDR.

After completing 2 meetings with a CDR staff member, CDR will cut a check to you for your costs.

Date _____

_____ attended the _____
Workshop at SCC.

(Workshop leader / Instructor)