

This program is funded by the Pennsylvania Department of Community and Economic Development

Partners:

  
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## STEPP FORWARD

### Entrepreneurship Training Program Application Specialized Training • Entrepreneurship Education • Partnership Pathways

Thank you for your interest in the **STEPP FORWARD**  
**Entrepreneurship Training Program.**

STEPP FORWARD is a structured entrepreneurship training initiative designed to help individuals launch, stabilize, and grow successful businesses through professional training, mentorship, and business planning support.

Participants who successfully complete program requirements may become eligible to apply for **up to \$75,000 in micro-grant funding (certain conditions apply).**

#### **Important Program Requirement**

Participants must complete **100 hours of training and program participation** in order to be considered for funding eligibility.



Applicant Information

Full Name \_\_\_\_\_

Business Name (If applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

County of Residence \_\_\_\_\_

Age Range

\_\_\_\_\_ 18 - 24

\_\_\_\_\_ 25 - 34

\_\_\_\_\_ 35 - 44

\_\_\_\_\_ 45 - 54

\_\_\_\_\_ 55 +

# STEPP FORWARD

## Business Information

Do you currently own a business?

- Yes  
 No  
 In planning stages

If yes, how long have you been operating?

- Less than 1 year  
 1 – 3 years  
 3 – 5 years  
 5+ years

## Business Industry

- Retail  
 Food & Hospitality  
 Professional Services  
 Manufacturing  
 Creative Industries  
 Technology  
 Construction/Trades  
 Agriculture  
 Other \_\_\_\_\_

## Business Location (if operating)

City \_\_\_\_\_ County \_\_\_\_\_

Brief Description of Your Business or Business Idea. Include what product or service do you plan to offer, Who are your target customers and what problem does your business solve?

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## Business Stage

Which stage best describes your business?

- Idea stage
- Planning stage
- Startup/early operations
- Established business seeking growth

Do you currently have any of the following?

Business plan  Yes  No

Business license or registration  Yes  No

Website or online presence  Yes  No

## Economic Impact

These questions help measure the economic impact of the program

Current number of employees

- Self-employed only
- 1-2 employees
- 3-5 employees
- 6+ employees

Expected job creation with 3 years

- None
- 1-2 jobs
- 3-5 jobs
- 6+ jobs

Expected annual revenue within 3 years

- Under \$50,000
- \$50,000 - \$100,000
- \$100,000 - \$250,000

# STEPP FORWARD

## Program Interest

Why are you interested in participating in the STEPP FORWARD Program?

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What stage best describes your current situation?

- Exploring a business idea  
 Starting a new business  
 Growing an existing business  
 Launching a side business

## Training Commitment

The STEPP FORWARD program requires 100 hours of training participation, including workshops, mentorship sessions, and business development activities.

Are you able to commit to completing the required training hours?

Yes  No

Preferred times for classes:

Daytime  Evening  Weekend

## Program Areas of Interest

Which topics would be most helpful to you? (Check all that apply)

- Business planning  Marketing & branding  Financial management  
 Access to Capital  Digital marketing  Sales strategies  
 Growth strategy  Legal structures & licensing  Operations  
management  Hiring employees  Growth Strategy

# STEP FORWARD

## Funding Interest

Participants who successfully complete the program may become eligible to apply for up to \$75,000 in micro-grant funding.

Are you interested in pursuing funding opportunities after completing the program?

yes  No  Possible

How do you anticipate using funding if received?

Equipment  Inventory  Marketing  Facility improvements

Hiring employees  Technology upgrades

Other: \_\_\_\_\_

Estimated funding needed

Under \$10,000

\$10,000-\$20,000

\$25,000-\$50,000

\$50,000-75,000

Additional Information

Please share any additional information that may help us understand your goals as an entrepreneur.

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Applicant Statement

Please describe your goals as an entrepreneur and how participating in the STEPP FORWARD program will help you achieve them.

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STEPP FORWARD Participation Agreement

By signing below, I acknowledge that:

The information provided in the application is true and accurate.

I understand the program requires 100 hours of participation to be considered for funding eligibility.

Completion of the program does not guarantee funding, but it is required for funding consideration.

I agree to actively participate in program activities including workshops, mentorship sessions, and business development planning.

Applicant Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit Application To

StepForward@zoominternet.net