

Please complete the following information. The information you provide will be kept confidential and will help us better understand your company's candidacy for the program. Please return this form to Next Street at: (register@nextstreet.com) or fax: (646) 392-9510.

Future Focus Workshop Series	
Applicant Contact Information	
Company Name:	
CEO/Owner/Officer of Company:	
Company Web address	Email Address of Company Owner/Office
Business Address:	
City, State, Zip Code:	
Business Phone Number:	Fax Number:
Secondary Contact Name/Email Address/Telephone No. (for emergency contact)	
Business Information	
What is the legal entity of the corporation? <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	No. of Yrs. In Business:
Type of Business:	
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation and Warehousing <input type="checkbox"/> Wholesale trade	<input type="checkbox"/> Construction <input type="checkbox"/> Other value added-services to industrials
Please briefly describe your core product or service:	
Please provide a brief description of the company's history:	

Future Focus Workshop Series			
Please confirm the number of full-time (FT) and part-time (PT) employees at each time period:			
Year	Total # of Employees	# of FT	# of PT
2011			
2012			
2013			
2014			
How many managers/supervisors do you currently have on staff? _____			
Please indicate your total revenues for each time period:			
2011 Year End _____	Were you profitable in 2011? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2012 Year End _____	Were you profitable in 2012? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2013 Year End _____	Were you profitable in 2013? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2014 Year End _____	Were you profitable in 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Success/Growth			
My company last performed a needs assessment to identify the resources necessary to implement development initiatives and execute a growth plan:			
<input type="checkbox"/> 1 to 3 Years Ago <input type="checkbox"/> 3 to 6 Years Ago <input type="checkbox"/> 6 to 9 Years Ago <input type="checkbox"/> 9 to 12 Years Ago <input type="checkbox"/> We have not formally performed a needs assessment.			
My company has a formal Business Plan.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when was the Business Plan last updated? _____			
My company has an established line of credit.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list the banking institution your line of credit is with. _____			
Why do you believe your company has been successful? (Attachment can be submitted)			

Future Focus Workshop Series

Briefly describe your company's top three clients/customers. (Attachment can be submitted)

What are some of the challenges you face in your growth? (Attachment can be submitted)

Briefly describe where you'd like to see your business in three years (i.e., a vision statement for your company). (Attachment can be submitted)

Briefly describe what you hope to gain from the Future Focus program workshops?

Future Focus Workshop Series
<p>Before now, were you aware that New York City offers assistance in the form of free services and financial incentives, designed specifically to help businesses like yours?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, but they haven't been relevant to me <input type="checkbox"/> Yes, and I've applied to them but not participated</p> <p><input type="checkbox"/> Yes, and I've participated in them before</p>
<p>Are you familiar with the New York City Economic Development Corporation?</p> <p><input type="checkbox"/> No, this is the first time I've heard of EDC <input type="checkbox"/> Yes, I've heard of NYCEDC</p> <p><input type="checkbox"/> Yes, I've participated in NYCEDC programs or worked with NYCEDC before</p>
<p>In which borough would you prefer to attend the workshops?</p> <p><input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island</p>
<p>How did you hear about this program? (Local Industrial Service Provider, Social Media, Email, Friend, etc.)</p> <p><input type="checkbox"/> BOC Net <input type="checkbox"/> BOEDC <input type="checkbox"/> East NY BID <input type="checkbox"/> SIEDC <input type="checkbox"/> SoBro</p> <p><input type="checkbox"/> Other: _____</p>

Is the CEO/President/Owner able to commit to the required four (4) workshops? Yes No

Signature of CEO/President/Owner

Date

Thank you, and we look forward to working with you!