CORNELL COOPERATIVE EXTENSION SULLIVAN COUNTY FARM BUSINESS PLANNING SERIES

APPLICANT CONTACT INFORMATION:	
Name of Business:	
Name of Principal Contact (must be business owner):	
Mailing Address:	
Phone(s):	Email:
BUSINESS INFORMATION:	
Is this a new start-up or an existing business?	
Do you have a business plan, either completed or in dr	aft form? Yes (attach to application) No
If you have an existing business, please provide the fo	ollowing information:
Business Address:	
Goods and/or services provided:	
Number of years in business:	
Number of employees, including the proprietor:	
Please describe your current business needs, concerns necessary)	, and opportunities. (Attach additional sheets, if
If you are planning a business startup, please provide	the following information:
Do you own or lease premises for the business?	

Please describe the business you are planning, and the status of your project. What goods and services will you provide? How long have you been planning this business? What steps have you taken so far? What led you to this business? What prior experience do you have in this field? (Attach additional sheets, if necessary)

PROGRAM IN	IIEKESI:		
Where did yo	u learn about this pro	ogram? (please check all that ap	oply)
Radio	E-mail blast	Social Media	Other (please specify)
What is your	primary interest in th	e program?	
Entrepren	eurial Training	Preparing a Business Plan	Access to low interest funding
Other (ple	ease specify)		
APPLICATION	I CHECKLIST:		
Please check	each box and attach t	hese materials, as applicable	
Complete	d and signed applicat	ion	
Business F	Plan (if available)		
	documents you feel	would help this application (res	sumes, marketing materials, reference
etc.)			
Please n	ote that this applicati	on is for participation in the Fari	m Business Planning Program, which
			eligibility for low interest loans.
			_
Signature:			Date:
Name			

To submit, please return applications as a file attachment by email to beginnerfarmer@cornell.edu.

Alternatively you may mail or drop off your application in person during Extension business hours, Monday through Friday - 8:30 a.m. -4:30 p.m. at 64 Ferndale-Loomis Rd, Liberty NY 12754
Upon acceptance into the program, you may submit your \$20 payment by phone - 845-292-6180 by card, or by mail or in-person by cash, check or card. Please address all applications and payment to Attention:

Haley Collins