



SMALL BUSINESS PROJECT APPLICATION

Trillium Health Resources has allocated funds to encourage Medicaid and State funded members with an Adult Mental Health (AMH) and Intellectual and Developmental Disability (IDD) to achieve their goal of self-employment. To support this goal, Trillium is offering \$100 to \$5,000 to assist eligible members in starting a small business or support an existing business.

Small Business Project applications are open to Trillium adult members 18 years of age and older who have a Mental Health and/or Intellectual and Developmental Disability. The application process begins October 1, 2020, and will remain open until the all of the allocated funds have been awarded. Application submissions will be reviewed and approved by the Small Business Project Committee and Trillium Executive Leadership.

Need help completing this form? Please visit the [Adobe Help Fill and Sign PDF forms page](#) for complete instructions. Having trouble accessing the PDF form? Download the [free Adobe Acrobat Reader](#) to view, fill-in, sign, and save your application.

Section I

First Name _____ Middle Initial _____ Last Name _____

Age	Date of Birth	Diagnosis
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Innovation Wavier Recipient ☐ Yes ☐ No

Are you on the waitlist for Innovation Wavier services? ☐Yes ☐No

Medicaid County

Residential Address

Same as Mailing Address ☐ Yes ☐ No

If No, enter Mailing Address

Primary Phone Number

Secondary Phone Number

Email

Do you have a Guardian? ☐ Yes ☐ No If yes, Guardian Name

Guardian Phone Number

Do you have an assigned Trillium Care Manager? ☐Yes ☐No

If Yes, Care Manager Name

Are you currently receiving Support Employment Services? ☐Yes ☐No

If Yes, provide the name of your Supported Employment Provider

If No, are you interested in receiving Supported Employment to assist you in developing your business? ☐ Yes ☐ No

Are you currently receiving services with NC Vocational Rehabilitation Services? ☐Yes ☐No

If Yes, provide the location of the VR office and your VR Counselor's name

Select any of the services/supports below you would be interested in receiving information on how they can assist in supporting your small business.

☐NC Small Business Center Network ☐NC Assistive Technology Program

☐Small Business and Technology Development Center ☐NC Work Planning and Assistance

☐NC Division of Vocational Rehabilitation Services

☐Service Corps of Retired Executives (SCORE)

Section II

Are you seeking support to start a small business? ☐Yes ☐No **If Yes, skip to Section III.**

Are you seeking support for your existing small business? ☐Yes ☐No **If Yes, please answer questions in Section II and Section III.**

Business Name

Business Address

Business Phone Number

Business EIN/TIN

Business Email

Business Website

Are you receiving any other financial support from other small business grants or loans? ☐Yes ☐No

If Yes, please explain

How long has your business been in operation?

Do you have a ledger of the financial accounting of your current business? ☐Yes ☐No

Do you have any paid employees for your current business? ☐Yes ☐No If Yes, how many employees

Section III

How would obtaining this funding for your business help you toward your goals or improve your quality of life?

Provide a description of your Business.

Provide a summary of your Business Plan (If you have a full Business Plan please feel free to submit it along with this application).

Budget Needs-Provide a detailed summary along with estimated cost of the items you need purchased to start your business or support your current business.

I certify that my answers are true and complete to the best of my knowledge. I understand that completing this application does not guarantee the allocation of funding but that my application will be reviewed and considered with other applications submitted. I understand that if I am allocated funding that it is for a small business in which I will be the sole proprietor. I understand if approved for funding I agree to provide monthly updates on the progress of my small business. I also understand if approved for funding I will use the funding to purchase items for my small business.

Signature _____ Date _____

Guardian Signature _____ Date _____

Submit completed application by email to SmallBusinessProject.Application@trilliumnc.org or by mail to:

Attention: Robin Barnes
Trillium Health Resources
144 Community College Road
Ahoskie, NC 27910