

TECHNICAL ASSISTANCE APPLICATION

Please complete and return this application, along with its accompanying documents to Joliet LEDA at 310 N. Ottawa St.. All questions regarding the Technical Assistance Program can be directed to Diana Viveros at dviveros@jolietleda.org.

Company Name: _____

Address: _____

Contact Person: _____

Phone/Email: _____

Total Employment: Full Time: _____ Part Time: _____

Are you a Microenterprise?

Does your business employ five or fewer persons, including the owner?

If not, you do not qualify under micro basis.

If yes, provide the following information. You will be asked for supporting documentation such as tax returns and bank statements to verify the information before receiving approval for assistance.

Annual Household Income: _____ Household Size: _____

Does your business provide goods or services to Joliet residents?

Please provide a short summary of the goods and services offered by your business:

Use the attached map or otherwise describe the service area of your business:

Name: _____ Title: _____

Signature: _____ Date: _____

