

ENTREPRENEURS' FUNDING PROGRAM APPLICATION FORMS AND PROCEDURES AS OF MARCH 1, 2010

FOR

GUARD SUPPORT OF MASSACHUSETTS, INC.

Applications should be emailed, along with a completed business plan to Guard Support's Executive Director at shandel@guardsupport.org.

Guard Support of Mass. provides entrepreneurship education and training, business funding and expert support to National Guard Members and their spouses who have started their own businesses, or are planning to start their own businesses. Our goal is to help National Guard Members and their spouses build and grow successful businesses.

The Guard Support Entrepreneurs' Funding Program requires a completed business plan (pre-requisite). If you don't have a completed business plan at this time, then you are not at this time eligible for the Entrepreneurs' Funding Program. (You may be eligible for Guard Support's Entrepreneurs' Education and Training Grant. Please visit www.guardsupport.org – click on the “For Entrepreneurs” link at the top of the page and review the Entrepreneurs' Training and Education Grant program information and application form. If you're eligible for the Entrepreneurs' Training and Education grant, Guard Support will cover up to \$500 of the cost for you to enroll in a business plan writing course offered by a Guard Support education and training partner. We can also refer you to an SBA Massachusetts Small Business Development Center (SBDC), and/or a local SCORE chapter, where counselors are available to meet with you and guide you through the business plan writing process. For a list of the Massachusetts SBDC locations in the Commonwealth visit: www.msbdc.org/network.html.)

Requests for business funding are subject to review by the Entrepreneurs' Funding Program (EFP) Review Team. After you submit your application and business plan, you may be selected to present your business model in person to the EFP Review Team during our next funding round. The EFP Review Team will make a funding recommendation to Guard Support's Board of Directors. The Board of Directors will make the final determination as to whether or not funding will be provided. If the Board of Directors determines that funding may be awarded, the terms and conditions of the funding agreement will be provided to the entrepreneur.

<p>GUARD SUPPORT OF MASS. REVIEWS APPLICANT INFORMATION AND RESERVES THE RIGHT TO VERIFY ANY INFORMATION PROVIDED.</p>

INSTRUCTIONS:

- Applicant must complete the application form in its entirety.
- Information Verification and Release Authorization must be completed and signed (page 4).
- Business plan must be submitted with the application. (Please do not send the business plan separately.) If addendums to your business plan (i.e. Tax returns) are in hard copy form, either scan and email them with your application and business plan, or mail them under separate cover to Guard Support of Massachusetts, PO Box 5225, Beverly, MA 01915.

GUARD SUPPORT OF MASSACHUSETTS, INC. BOARD REVIEWS APPLICANT'S INFORMATION AND RESERVES THE RIGHT TO VERIFY ANY INFORMATION PROVIDED.

GUARD SUPPORT OF MASSACHUSETTS, INC.
APPLICATION FOR ENTREPRENEURS' FUNDING PROGRAM

A. HAVE YOU COMPLETED YOUR BUSINESS PLAN? YES NO

B. DOES YOUR BUSINESS PLAN INCLUDE FINANCIAL STATEMENTS AND PROJECTIONS? YES NO

IF YOU CHECKED YES, THEN YOU MUST SUBMIT YOUR BUSINESS PLAN IN ITS ENTIRETY WITH THIS COMPLETED APPLICATION. APPLICATIONS SUBMITTED WITHOUT A COMPLETED BUSINESS PLAN WILL BE DENIED.

IF YOU CHECKED NO TO A OR B, THEN APPLICANT IS NOT ELIGIBLE FOR THE ENTREPRENEURS' FUNDING PROGRAM AT THIS TIME. PLEASE VISIT WWW.GUARDSUPPORT.ORG - CLICK ON THE "FOR ENTREPRENEURS" LINK AT THE TOP AND REVIEW THE ENTREPRENEURS' TRAINING AND EDUCATION GRANT PROGRAM INFORMATION. IF YOU'RE ELIGIBLE FOR THE ENTREPRENEURS' TRAINING AND EDUCATION GRANT, GUARD SUPPORT WILL COVER THE COST* FOR YOU TO ENROLL IN A BUSINESS PLAN WRITING COURSE OFFERED BY A GSMA EDUCATION AND TRAINING PARTNER (*UP TO \$500 PER YEAR, PER FAMILY).

1. _____ DATE: _____
APPLICANT'S NAME - PRINT FIRST NAME, MIDDLE INITIAL, LAST NAME
2. APPLICANT'S RELATIONSHIP TO GUARD MEMBER _____ (WRITE SELF IF SAME AS #1)
3. _____ (IF SAME AS #1 WRITE SAME)
GUARD MEMBER'S NAME - PRINT FIRST NAME, MIDDLE INITIAL, LAST NAME
4. IS GUARD MEMBER A DISABLED VETERAN?: _____ YES _____ NO (CHECK ONE)
5. NG MEMBER'S SSN: _____ 6. RANK OR "CIV", IF CIVILIAN _____ 7. ETS DATE: _____
8. UNIT OF ASSIGNMENT: _____ 9. MOS: _____ 10. NG JOB TITLE: _____
11. MILITARY STATUS OF GUARD MEMBER - CHECK ALL THAT APPLY:
FULL TIME TECHNICIAN: ACTIVE GUARD/RESERVE: TRADITIONAL: DEPLOYED:
12. STREET ADDRESS: _____ CITY, STATE, ZIP: _____
13. CONTACT NUMBERS: (HOME): _____ (CELL): _____ (WORK): _____
14. EMAIL ADDRESS: _____
15. WHAT IS YOUR CIVILIAN OCCUPATION - JOB TITLE?: _____ (IF UNEMPLOYED, WRITE MOST RECENT JOB TITLE)
16. HOW LONG HAVE YOU BEEN EMPLOYED WITH THIS EMPLOYER?: _____ (IF UNEMPLOYED, USE YOUR LAST EMPLOYER)
17. EMPLOYER NAME/POC: _____ EMPLOYER PHONE: _____
EMPLOYER ADDRESS: _____ CITY, STATE AND ZIP: _____
- LIST ONE RELATIVE AND ONE FRIEND (NOT RESIDING WITH YOU) WHO THE COMMITTEE COULD CONTACT, IF NECESSARY:
- NAME (RELATIVE) _____ PHONE: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
- NAME (FRIEND): _____ PHONE: _____
ADDRESS: _____ CITY, STATE, ZIP: _____

18. HOW DID YOU FIRST HEAR ABOUT GSMA'S ENTREPRENEURS' FUNDING PROGRAM? (CHECK ONE)

- NG MEMBER (INDIVIDUAL'S NAME): _____
- MEDIA NG FAMILY ASSISTANCE CENTER/FAMILY PROGRAM OFFICE GUARD SUPPORT (WEBSITE, FACEBOOK OR TWITTER)
- ORGANIZATION (NAME): _____
- PRE-MOBILIZATION EVENT _____ (ENTER MONTH/YEAR AND LOCATION)
- POST-MOBILIZATION EVENT _____ (ENTER MONTH/YEAR AND LOCATION)
- OTHER (PLEASE EXPLAIN): _____

19. NAME OF YOUR BUSINESS: _____ (IF NOT YET DETERMINED, LEAVE BLANK)

20. HAVE YOU ALREADY STARTED YOUR BUSINESS?: YES NO (CIRCLE ONE) IF YOU CIRCLED YES, ANSWER QUESTIONS 21: 31
IF YOU CIRCLED NO – SKIP QUESTIONS 21-25AND ANSWER QUESTIONS 26 TO 31

21. DATE STARTED YOUR BUSINESS: _____ (MONTH AND YEAR)

22. BUSINESS STRUCTURE (CHECK ONE): SOLE PROPRIETORSHIP (DBA) PARTNERSHIP CORP. (S CORP., C. CORP. OR LLC)
 HAVEN'T YET SETUP A BUSINESS STRUCTURE

23. HAVE YOU SETUP A DEDICATED BUSINESS (CHECK ALL THE APPLY): PHONE WEBSITE FAX OFFICE PO BOX

24. DO YOU HAVE ANY EMPLOYEES WORKING FOR YOU? YES NO (CHECK ONE) IF YES, HOW MANY?: _____

25. HAVE YOU EVER HIRED INDEPENDENT CONTRACTORS FOR THIS BUSINESS: YES NO (CIRCLE ONE) IF YES, HOW MANY? _____

26. TYPE OF BUSINESS (CIRCLE ONE): SERVICE OR PRODUCT

27. WHAT FUNDS HAVE YOU PERSONALLY INVESTED IN YOUR BUSINESS, OR DO YOU PLAN TO INVEST IN YOUR BUSINESS, IF ANY?

28. DESCRIBE YOUR BUSINESS CONCEPT (WHAT NEED OR WANT DOES IT FULFILL)?

29. WHO DO YOU THINK YOUR COMPETITORS ARE, OR WILL BE YOUR COMPETITORS?

30. WHO DO YOU THINK WOULD BE YOUR IDEAL CUSTOMER?

31. WHY DO YOU WANT TO BE A BUSINESS OWNER?

32. WHAT ARE YOUR GOALS FOR YOUR BUSINESS – WHAT DO YOU WANT TO ACHIEVE – WHAT WOULD SUCCESS LOOK LIKE?

GUARD SUPPORT OF MASSACHUSETTS, INC.

ENTREPRENEURS' FUNDING PROGRAM APPLICATION AND PROCEDURES EFFECTIVE MARCH 1, 2010

STATEMENT OF CONFIDENTIALITY

This application form and the verification and release authorization are the primary sources of information for determining an individual's eligibility for financial assistance. Disclosure of information on these forms, including the applicant's social security number is voluntary. Failure to provide the requested information may mean that the Guard Support Board will deny assistance because of insufficient information. The Guard Support Board will maintain confidentiality of individual details regarding the application and assistance given or denied, except as detailed in the release authorization below. Guard Support will keep statistics regarding aid given, as well as general information regarding the types of aid given, and may release such statistics and general information without the need to solicit additional consent. Guard Support may contact you to solicit permission to release additional specific details for the purposes of raising additional funds and awareness.

INFORMATION VERIFICATION AND RELEASE AUTHORIZATION:

1. I authorize verification/release of the information I am providing on this application. This authorization applies to organizations inside or outside of the Massachusetts National Guard for the purposes of evaluating this application and/or for collection proceedings if a loan is approved and payment is late. I authorize the GUARD SUPPORT OF MASSACHUSETTS BOARD access to any pertinent records as necessary to evaluate my application. Please initial: _____

2. The information I have provided on this Application Form is true and correct to the best of my knowledge.

Please initial: _____

APPLICANT'S SIGNATURE: _____ DATE: _____