



Blueline Project Business Services List



Business Management:

- Business Assessment
- Review Business Plan / Concept Review and Refine
- POS Assessment
- Customer Service Consultation
- Assistance with City Licensing, Zoning and Permitting
- Insurance Policy Review

Food Business Management:

- Requirements and Layout
- Menu Review and/or Development
- Equipment Review and/or Sourcing
- Food Cost Analysis and Pro~Forma
- Food Production and Packaging Analysis
- Restaurant Management Consultation



Recordkeeping and Accounting Set Up & Training:

- QuickBooks Training, Setup and/or Cleanup
- Excel Accounting Training and Setup
- Create 1 Quarter / Month Profit & Loss Statements
- Review of Financial Statements and Systems
- Tax Income Review and Recommendation
- Payroll & Sales Tax Review and Recommendation



Marketing Plans, Branding and Strategies:

- Logo/Branding (font, color scheme)
- Signage Development
- Collateral Development. (for print materials)
- Menu or Menu Board Layout and Design
- Commercial Photography

Online Strategies:

- Social Media Strategies and Training

Professional Referrals for;

Business Management
Accounting, Bookkeeping & Payroll
Marketing & Website Development

*Check with your local Public Library for classes and workshop on computer trainings

Contact Our Team at:



ACER

Denise Butler

6800 78th Ave N. Suite 101
Brooklyn Park, MN 55445
Email: dbutler@acerinc.org
Office: 763-657-7711



NDC

Natalia Hals

663 University Ave W, Suite 200
St. Paul, MN 55104
Direct: 651.379.8424
Email: nhals@ndc-mn.org





Blueline LRT Project Small Business Background Questionnaire

Date:

Interviewer:

Name of Business:

Name of Business Owner:

Business Address:

Business Phone Number:

Email:

Number of years in business:

Blueline Light Rail Stop:

93rd

85th

BkBlvd

63rd

Please Note: All information provided will be kept in the strictest confidence by ACER/NDC. The information voluntarily provided will only be used to assist you and your business.

Top 3 Services needed:

- 1.
- 2.
- 3.

BUSINESS DESCRIPTION:

General

1. What type of business are you in?
2. How many years in business?
3. What type of Legal Entity is your business (i.e. C Corp, Partnership, LLC)?

4. Do you have a business plan?
5. What are 3 of your most popular product(s) and/or service(s)?
6. What are your least popular products/services?

THE MARKET:

7. Describe in detail your most common customer
8. How do new customers learn about your business?
9. How many customers do you have;
 - a day:
 - A week:
 - A month:

A. Competition

10. What are the strengths of your business?
11. What are the weaknesses of your business?
12. Are there threats or external factors that may interrupt or derail your business and/or its operations?

B. Marketing Strategy

13. What kind of marketing have you used? What are you doing now?
14. What works? What doesn't work?

15. What would you like to do but haven't?

16. Any media attention in the paper or on TV for your business? If so, please describe.

17. Do you have....?

Logo/Brand

Business Cards

Website

Brochure

Social Media Accounts

Direct Marketing

Signage

Window display

Of these, which work well for your business? Which need improvements?

MANAGEMENT /OPERATIONS:

A. Personnel

18. Including yourself, how many employees do you have;

- FT:
- PT:

19. Are you happy with your current employees and employee structure?

20. Do you have any technology needs?

21. Do you own your building?

- Do you have any building improvement needs?
- Do you have any interest in funding to update your storefront?

B. Business Advisors

22. Who are your advisors? What type of expertise do they provide?

23. What kind of advisor expertise do you still need?

C. Legal and Insurance Issues

24. Any concerns with your insurance, licensing, legal, taxes, rent/lease, etc.?

FINANCES:

A. Project Budget/Financing Needs

25. Are you making enough to cover your business expenses?

26. Do you have a bookkeeper/accountant? If not, do you feel you need one?

27. Do you need assistance with your cash management system?

28. Do you have a project that need financing assistance? If so, what size of loan are you seeking?

29. Do you have any concerns with your credit history/score? Do you have access to or are you interested in credit counseling services?

15-Oct-19
 Blueline Project NDC/ACER Budget

Tasks	Hours & Descriptions	NDC	ACER	Cost per Hour	Total
Project Administration	See List 175 total hours at 9 hours per month	90% \$15,750	10% \$1,750	\$100 per hour	\$17,500
Outreach and small business technical assistance by station area (Tasks 1 & 2)	Outreach = 240 hours (20% of total hours)	30%	70%	\$50 per hour (\$12,000)	\$60,000
	NDC 72 hrs, ACER 168 hrs	\$3,600	\$8,400		
Micro-grant (Task 2)	TA = 640 hours (80% of total hours)	30%	70%	\$75 per hour (\$48,000)	
	NDC 192 hrs, ACER 448 hrs	\$14,400	\$33,600		
Evaluation & Reporting	10% Program Administration at 60 total hours	50%	50%	\$75 per hour	\$4,500
	Data collection, Input and Reporting at 34 total hours	\$2,250	\$2,250		
		70%	30%	\$75 per hour	\$2,500
		\$1,750	\$750		
		\$37,750	\$46,750	Total Project Cost	\$84,500

Plus \$2,500 pr

880 hours tot

Overall Average

44%

56%

**Blueline LRT Project
Workplan Projected Hours
10/28/19**

NDC	Nov-19	Dec-19	Jan-19	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Outreach & Assessments Hours - 72	12	12	12	4	4	4	2	2
TA Hours - 192	12	12	12	12	12	20	20	20
Totals	24	24	24	16	16	24	22	22

ACER	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Outreach & Assessments Hours - 168	24	24	24	12	12	12	9	9
TA Hours - 448	12	12	12	36	36	48	48	48
Totals	36	36	36	48	48	60	57	57

Programs

Outreach	36	36	36	16	16	16	11	11
TA	24	24	24	48	48	68	68	68
Micogrants	0	0	5	5	5	5	5	5
Totals	60	60	65	69	69	89	84	84

Project Administration	10	10	10	10	10	10	10	10
Evaluation & Reporting	0	0	5	0	0	6	0	0

Workplan Monthly Totals	70	70	80	79	79	105	94	94
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Budgeted Hours

Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	
2	2	2	2	2	2	2	2	2	2	72
10	10	8	8	6	6	6	6	6	6	192
12	12	10	10	8	8	8	8	8	8	264

Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	
6	4	4	4	4	4	4	4	4	4	168
36	24	24	24	16	16	14	14	14	14	448
42	28	28	28	20	20	18	18	18	18	616

8	6	6	6	6	6	6	6	6	6	240
46	34	32	32	22	22	20	20	20	20	640
5	5	5	5	5	5	0	0	0	0	60
59	45	43	43	33	33	26	26	26	26	940

10	10	10	10	10	10	10	10	10	5	175
6	0	0	6	0	0	6	0	0	5	34

75	55	53	59	43	43	42	36	36	36	1149
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Neighborhood Development Center

BUILDING NEIGHBORHOOD ECONOMIES FROM WITHIN



BLUELINE PROJECT MicroGrant | Grant Application

**Indicates required field*

* First Name: Middle Name: * Last Name:

* Date of Birth (MM/DD/YYYY):

* Primary Phone: Secondary Phone:

* Email Address:

* Personal Address:

City: State: ZIP Code:

*Business Name:

*Business Address (if applicable):

City: State: ZIP Code:

I have received a Microgrant through NDC in the past?

Yes

No

I am (please select all that apply):

NDC Student or Alumni

NDC Loan Client

NDC Tenant

Gender (please select):

Male

Female

Other

Ethnicity (please select):

- African
- African American
- Asian
- Native American
- White/Caucasian
- Hispanic/Latino/a
- Multi-racial
- Other

What is the highest education level you have completed?:

If you are still in school, what certification are you working towards? (please select):

- Not still in school
- High School Degree or GED
- Associate's Degree, Trade or Technical School, or Other 2-Year Degree
- Bachelor's Degree or other 4-Year Degree
- Master's, PhD, or other Post-Bachelor's Degree
- Other

Emergency Contact Name:

Emergency Contact Phone Number:

* Emergency Contact Email (if none, enter Agency contact email address):

*** Current Employment Status (please select):**

- Unemployed
- Employed Full Time
- Employed Part Time
- Self Employed

***Do you have an annual individual income of less than \$36,000?**

***If you own your own business, how many employees do you have?:**

I have a business that is making sales?

Yes

No

***Number of years in operation (if applicable)?**

Current Employer:

Current Position:

Start Date:

* Annual Individual Income:

* Annual Household Income:

* Number of Adults in Household:

* Number of Dependent Children in Household:

*** Do you receive public assistance? (please select):**

No public assistance

WIC or other funds for children

Unemployment/disability insurance

Housing assistance

Food stamps

Other

If yes, monthly total?:

* For what purpose will you use the grant money?

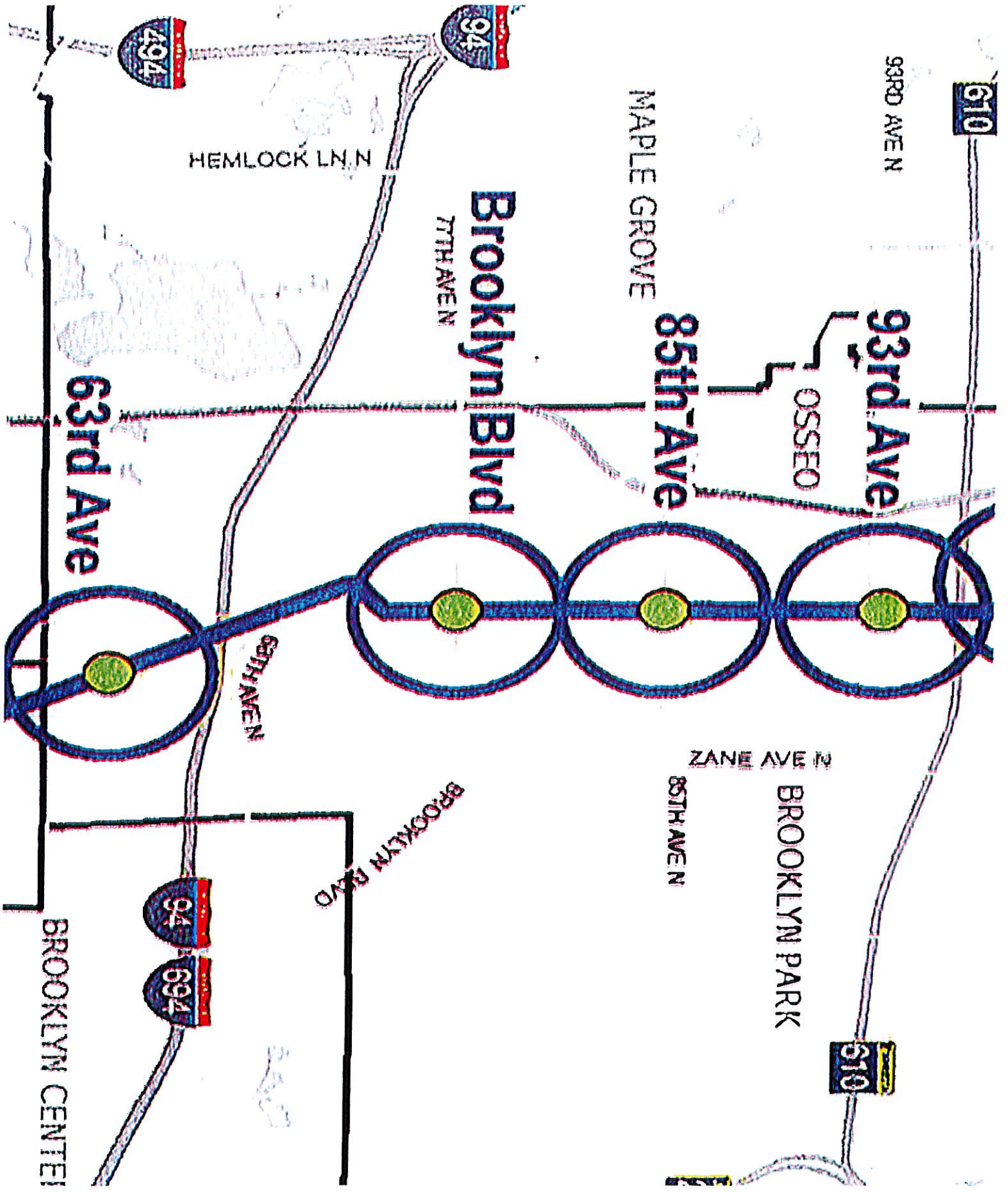
* What is your goal, and how will this grant help you achieve it?

* What is your time frame for achieving the goal(s)?

* How positive are you about your life circumstances in the next 3-5 years?

* Please provide an itemized list of things you would purchase if a MicroGrant was given.

Examples Given: Dell Laptop \$652 www.examplelink.com
Business Cards/500 count \$75 www.vistaprint.com



610

93RD AVE N

93rd Ave

OSSEO

85th Ave

MAPLE GROVE

Brooklyn Blvd

7TH AVE N

HEMLOCK LN, N

63rd Ave

68TH AVE N

ZANE AVE N

85TH AVE N

BROOKLYN PARK

610

BROOKLYN BLVD

94 76 694

BROOKLYN CENTER

Blueline Microgrant Program Guidelines

Blueline Microgrant Program Guidelines

- Eligibility of businesses:
 - Business is located at one of the 4 stops that ACER has been assigned
 - Independent Small business making 2.5 Million or less annually (no franchise or corporations).
 - Annual Income

- Eligible services:

The grant must fund an opportunity for the next plateau in an individual's life and a long-term potential increase in income. We do not fund ongoing needs such as rent, rent deposits, utilities, food, clothing, insurance deposits of any kind, insurance, child care or credit card payments.

- Thermometers
- Retail shields
- Web development
- Budget:
 - ***(\$45,000-\$4,500 for Admin= \$40,500 available funds)***
- Microgrant are reviewed:
 - After Microgrant Application (Attached) is received
 - Applicant needs to attach a copy of the inventory and/or supplies list to be purchased or invoice, cost of bid/items to be purchased at the time of submission.
 - It is reviewed and voted by the committee: Nelima Sitati-Munene, Denise Butler, Natalia Hals and Shahir Ahmed
 - Using the Microgrant Evaluation Sheet (attached)
- Min/Max microgrant amounts:
 - ***(\$1,000-1,500 per applicant)***
- Microgrants are tracked:
 - We will follow up with recipients in two months to confirm that the funds received were used for eligible expenses
 - We will also find out if receiving the funds helped move their business forward
 - We will track this feedback in a spreadsheet
- Promotional Materials:
 - ***(not applicable at this time)***

MicroGrants | Grant Application

**Indicates required field*

* First Name: Middle Name: * Last Name:

* Date of Birth (MM/DD/YYYY):

* Primary Phone: Secondary Phone:

* Email Address:

* Personal Address:

City: State: ZIP Code:

*Business Name:

*Business Address (if applicable):

City: State: ZIP Code:

I have received a Microgrant in the past?

Yes

No

My business is located at this stop:

93rd Ave

85th Ave

Brooklyn Blvd

63rd Ave

Gender (please select):

Male

Female

Other

Ethnicity (please select):

- African
- African American
- Asian
- Native American
- White/Caucasian
- Hispanic/Latino/a
- Multi-racial
- Other

What is the highest education level you have completed?:

If you are still in school, what certification are you working towards? (please select):

- Not still in school
- High School Degree or GED
- Associate's Degree, Trade or Technical School, or Other 2-Year Degree
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Emergency Contact Name:

Emergency Contact Phone Number:

* Emergency Contact Email (if none, enter Agency contact email address):

*** Current Employment Status (please select):**

- Unemployed
- Employed Full Time
- Employed Part Time

Self Employed

***Do you have an annual individual income of less than \$36,000?**

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I have a business that is making sales?

Yes

No

***Number of years in operation (if applicable)?**

Current Employer:

Current Position:

Start Date:

* Annual Individual Income:

* Annual Household Income:

* Number of Adults in Household:

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*** Do you receive public assistance? (please select):**

No public assistance

WIC or other funds for children

Unemployment/disability insurance

Housing assistance

___ Food stamps

___ Other

If yes, monthly total?:

* For what purpose will you use the grant money?

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DRAFT