

# REFERRAL FORM



Date of Referral:

Referral Coordinator:

Referral Code:

Referred to PPA Partner:

## APPLICANT INFORMATION

Name:

Phone:

Email:

Address, City, State, Zip:

Business Legal Name (if applicable):

Business Address, City State, Zip (if applicable):

## ELIGIBILITY CHECKLIST - Applicant must satisfy all conditions. *To be completed by Referral Coordinator*

The client is at least 18 years of age and has been a resident of Pennsylvania for at least twelve months preceding the date of referral.

The client intends to start a business in the arts OR The client operates a business in the arts.

If the client operates an eligible creative business, the business had net revenue of less than \$200,000 for the period covered by the business' most recently submitted annual filing to the Internal Revenue Service.

Client has completed at least one consultation session with Referral Coordinator.

## REVIEW CHECKLIST - Applicant must satisfy all conditions. *To be completed by Referral Coordinator*

Client has a viable business plan or clear plan to execute business.

Business plan clearly demonstrates

- Understanding of product or services
- Understanding of target consumer or audience
- Plan to reach target audience or consumer
- Clear budget for one year of operation using the funds
- Goals, benchmarks, and metrics to evaluate success

**Signature of Referral Partner:**

**Date:**