The Empowered Kitchen Application Form

The Empowered Kitchen offers opportunities to qualified new business start-ups and existing small food businesses that can significantly benefit from affordable access to a licensed commercial kitchen space, technical assistance and training in food industry techniques and business operations.

The Empowered Kitchen is looking for candidates that already have a food business or that have a viable business idea. The candidates should have:

- A desire to formalize and expand their food business and a plan for how to achieve that growth.
- Experience operating a food business, formally or informally, for at least 6 months and/or relevant work experience.
- A personal support network.
- An entrepreneurial spirit, enthusiasm and persistence.
- A vision for the business.

Admittance to The Empowered Kitchen is a highly competitive process that takes into account many factors. Promising candidates will be interviewed by The Empowered Kitchen and an individually advisory committee of industry professionals. There is limited space in the kitchen. As businesses move from pre-incubation to incubation and onto graduation spaces open up for new candidates.

Please fill out this form and mail, fax, email or drop it off in person.

Mail: The Empowered Kitchen 2346 West Beaver Street Jacksonville, FL 32209

Email:theempoweredkitchen@gmail.com

Phone: (904) 655-6603

CONFIDENTIALITY POLICY:

We will ask you to share some personal information so as to be able to determine the impact of the program on its participants once they are admitted. The information you share with us will remain strictly confidential (we will never identify you by name or share your personal information without your signed permission).

I understand the confidentiality policy and hereby give permission to The Empowered Kitchen staff to use my information for program evaluation and reporting purposes.

| Constant | D.U. |
|-----------|------|
| Signature | Date |

| Applicant: |
|------------|
| Applicant: |

| Applicant Information | | | |
|---|--|--|--|
| Contact: | | | |
| First Name: Middle Name: | | | |
| Last Name(s): | | | |
| Mailing Address: | | | |
| City: Zip Code: | | | |
| Work or Business Phone: () Home Phone: () | | | |
| Cellular: () Fax: () | | | |
| Email: | | | |
| Website: | | | |

| Applicant: | | |
|-------------|--|--|
| Applicalit. | | |

| Personal Demographic Information | | | | |
|--|--|--|--|--|
| Gender: Male Female Transgender Decline to Identify Date of Birth: | | | | |
| Ethnicity: Please describe your national or ethnic backgrounds (for example: Filipino, Mexican, Chicana, African-American, etc). If you belong to more than one ethnic group, please list all ethnic groups: | | | | |
| Race (Check all that apply): | | | | |
| Asian Pacific Islander Black Latino/Hispanic Causcasian, European American Native American or Alaska Native Other, please specify: | | | | |
| Country of Origin: The following question is optional. Your answer will help track the demographics of applicants and participants. | | | | |
| Were you born in the United States? Yes No | | | | |
| If born outside the U.S., please indicate country of origin: | | | | |
| Languages Spoken: | | | | |
| What language(s) do you speak at home? | | | | |
| How would you rate your fluency in English? Check the answer that applies. | | | | |
| I am a fluent English speaker. | | | | |
| I am comfortable speaking in English and I can read and write fairly well in English. | | | | |
| I am comfortable speaking and understanding spoken English, but not reading and writing in English. | | | | |
| I can understand spoken English, but cannot speak it myself or read and write in it. | | | | |
| Other. Please explain: | | | | |

Education:

| What is the highest grade that you completed in high school? |
|--|
| Did you graduate from high school? Yes No |
| Highest degree received: |
| Name of School: |
| Disability Status: |
| Do you have a disability that requires special accommodation? Yes No |
| If yes, please describe: |

Medical Status:

Do you have any medical conditions that might affect your safety in a commercial kitchen (allergies, medications, etc.)?

If yes, please describe:

| App | olicant: | |
|-----|----------|--|
| ישי | | |

Household Information

A household can consist of a spouse or domestic partner, children (including stepchildren and foster children), parent and siblings who live together and share income.

Household Composition:

| How many people, including yourself, live in your household and share income? |
|---|
| Number of adults, 18 years or older (including yourself): |
| Number of children (below 18); |

Please list the birth dates for any children in your household (up to 8):

| Name | Day | Month | Year |
|------|-----|-------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |

How many other dependents (for example, elderly relative and/or adult children) do you have?

Are you the head of household?

| Monthly Sources of Income | You | Other Adults in Your Household |
|--|-----|-----------------------------------|
| Employment/Job | \$ | \$ |
| Income drawn from business/self-employment | \$ | \$ |
| Disability Payments | \$ | \$ |
| Unemployment Benefits | \$ | \$ |
| Social Security Benefits | \$ | \$ |
| Public Assistance | \$ | \$ |
| Other | \$ | \$ |
| Total | \$ | \$ |
| Total: | | |

| Monthly Expenses | Total Household Bills |
|--|-----------------------|
| Rent/Mortgage | \$ |
| Food | \$ |
| Credit Card Payments | \$ |
| Loan Payments | \$ |
| Car Expenses (payment, insurance, maintenance | \$ |
| Child Related Costs (tuition, childcare, toys, books, child support, etc.) | \$ |
| Other (use additional sheet if necessary) | \$ |
| Total | \$ |

| Assets and Liabilities | Assets (current value) | Liabilities (money owed) |
|---------------------------------|---------------------------|-----------------------------|
| Real Estate (Home and | \$ | \$ |
| • | 7 | 7 |
| Mortgage | <u> </u> | <u> </u> |
| Vehicles (cars and car loans) | \$ | \$ |
| Cash (savings and checking) | \$ | |
| Business assets and liabilities | \$ | \$ |
| Credit Cards | | \$ |
| Student Loans | | \$ |
| Other Liabilities | | \$ |
| Other Assets | \$ | |
| | \$ | \$ |

The Empowered Kitchen requires proof of income, please attach CURRENT proof of income (dated within the last 1-2 months) for each source of income listed on the previous page that you or anyone in your ENTIRE household receives.

YOUR APPLICATION WILL NOT BE REVIEWED UNTIL ALL PROOF OF CURRENT INCOME IS SUBMITTED

| , | Sources of Income | PROOF REQUIRED | |
|---|-----------------------|---|--|
| ✓ | (Gross Amount) | PROOF REQUIRED | |
| | (GIOSS AIIIOUIIL) | Copies of 1040's or tax return from most recent tax | |
| | | period | |
| | Salary/wages from a | A minimum of two current pay stubs. If your hours | |
| | job | vary please provide a minimum of 4-6 pay stubs. | |
| | Self-employment | Signed documentation of income and business | |
| | income | expenses itemized* for the last three months. (If | |
| | | income varies provide 6-12 months) | |
| | Help from | Signed letter from family member/friend specifying | |
| | family/friends | amount | |
| | Child Support | Current proof of child support payments | |
| | Unemployment Ben. | Current benefit stubs from EDD (min. of 2) | |
| | TANF (AFDC) | Current computer printout of benefits amount | |
| | General Ass. (GA) | Current computer printout of benefits amount | |
| | Social Security | Current letter of benefit amount from SSA | |
| | (retirement) | | |
| | Supplemental Security | Current letter of benefit amount from SSA | |
| | Income (SSI) | | |
| | Disabillity Benefits | Current letter of benefit amount from SSA | |
| | (SSDI, SSI, SSP) | | |
| | State Disability | Current letter of benefit amount or payment stubs | |
| | Insurance (SDI) | from EDD | |
| | Food Stamps | No proof required | |
| | WIC benefits | No proof required | |
| | Other Income | Itemized* statement signed by you or your employer | |
| | Describe: | of miscellaneous income (i.e. odd jobs) including | |
| | | earnings for the last three months (current income | |
| | | statements from worker's compensation, pension, | |
| | | bank account interest, rents, estates, educational | |
| | | assistance, etc.) | |
| | | | |
| | | * list sources of income and amount | |

Culinary Experience

Do you have any professional food industry experience? ____ Yes ____ No If yes, please describe:

Do you have any culinary training? ____ Yes ____ No If yes, please describe:

If no, please briefly describe how, when, and from whom you learned to cook.

Have you ever started a food business before? If so describe the business and why it is no longer in operation.

| Your Food Business |
|---|
| Type of Business (check all that apply): |
| BakingSpecialty Food Producer Caterer Cart Vendor |
| Other (specify) |
| Type of Product(s): Describe what food product(s) you wish to prepare at The Empowered Kitchen. |
| Business History: Briefly describe how you began your food business (what was the idea or conversation that made you want to sell your product(s)?) |
| Business Status: Please check the current status of your business and the corresponding start date: Pre-venture |
| If you checked "Pre-venture" please skip down to: Pre-Venture Information. |
| If you checked "New" or "Existing" please answer the following: |
| Business Information: Number of Employees: Full Time Part Time |
| Where do you cook for your business now? |

| What do you think are the main challenges facing your business now? 1) |
|---|
| 2) |
| 3) |
| What do you enjoy most about your business? 1) |
| 2) |
| 3) |
| How much have you already invested in your business? Please explain how much money and what type of items you have purchased: |
| |
| Monthly average sales: \$ Monthly overhead costs: \$ |
| |
| Have you reached your breakeven point? Yes No |
| How do you know? |
| Do you have any financial statements? No Yes (please attach) |
| Pre-venture Information: Why have you not yet started your food business? |
| |
| Please describe your business idea: |

Please explain why you think it is a good business idea:

Please explain why you want to be a business owner:

What do you think the three biggest rewards will be?

- 1)
- 2)
- 3)

What do you think the three biggest challenges will be?

- 1)
- 2)
- 3)

Business Training

How often do you read books or magazines on business topics?

Where do you look for information about your business or business idea?

Have you taken any business training or courses?

Yes:

What kind of training have you completed? When and Where?

What do you think is the most useful information you learned during that training?

Are you planning to take more classes/seminars in the near future?

____ No ____ Yes (If so, where and when): _____

No:

Why not?

Are you interested in receiving some business training?

| Applicant: | | |
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Business Plan

Do you have a written business plan (full or partial)?

Yes:

Please attach a copy.

The Empowered Kitchen Pre-Incubation Feasibility Study

The following exercise is a simulation of the questions that we are likely to ask at your potential interview. It's not important that you have a 'right' answer to the questions below, but, rather, that you have shown that you have taken the time to think about these very important questions, and that you have begun to think about how your business is going to grow and flourish.

These questions are born out of the biggest mistakes that we've seen businesses make, and honest answers are going to be the key to business readiness. So, here we go!

Your Business, Competition and the Jacksonville Area

- 1. Can you identify your 3 major competitors? Tell us as much about them as you can. Who are they? Where are they? Etc.
- 2. A competitive advantage is a business term that identifies difference between similar companies. That can be nearly anything, but it's important that you know what makes you different from someone else. What, if anything, do you think is your competitive advantage?

- 3. How many other businesses in the Jacksonville Area sell what you sell? How did you find this out?
- 4. What's the average price point for your product?

Sales Channels

Sales channels, or distribution channels, are essentially the way that you will deliver your product to your customer. This is one of the most important things to think about, as it will shape everything about your price structure and business model. Please try and answer these questions critically.

It's very important to keep in mind that The Empowered Kitchen is a shared-use commercial kitchen space. We do not allow sales directly from The Empowered Kitchen, or pick-ups, and most businesses must deal with deliveries, timing and other details. We mention this only so you can keep it in mind when planning your business. Finally, it's important to understand that while you may, for instance, want to open a restaurant, you will need to begin with sales from The Empowered Kitchen. This means that you will have to think about your business in stages.

1. How you plan to make your first sale from The Empowered Kitchen? Describe in detail. Who are you going to sell this to? Where are you going to sell it? How much are you going to sell itfor?

- 2. Will you need to deliver your product to your customers? If so, how are you going to be able to deliver your products?
- 3. Can you define wholesale and food-service?

4. How often (on a weekly basis) do you imagine that you will be delivering your product your first year?

\$

We know that this may be the hardest part. And, often, good cooks want nothing to do with money. Unfortunately, the measure of business in our society is the money that you make, and we would like you very much to think about that before you begin to spend money on this business. Please try and be honest with us, we'd all like to make millions of dollars, but we are looking for realistic visions in the application process.

- 1. In an ideal world, how much would you like to earn per year through your business?
- 2. How much do you think this means that you will need to sell per year?
- 3. If you have additional income, how long do you plan to continue to do that, or at what point (sales, or income-earned) would you imagine leaving your other work and focusing entirely on this business?
- 4. How much capital do you think that you will need to start this business? Please provide a detailed list of your start-up costs for year 1.

5. When do you think you will reach your break-even point? How long do you think it will take to reach your sales goal from question #2?

Long...Term Vision

One of the hardest things to do is to start a business. We understand that. But, importantly, once you do start your business, you will also need to grow. In this section, we ask you to imagine yourself beyond the start-up phase and to think intensely about how you will grow your business.

- 1. What are your 3 business priorities in Year 1?
 - a.
 - b.
 - c.
- 2. What are your 3 business priorities in Year 2?
 - a.
 - b.
 - c.
- 3. How will you measure success for your business? Please explain both personally and financially.

4. When would you anticipate hiring your first employee? What will they do? Importantly, how much do you think they will cost you monthly (please keep in mind both hourly wages and workers' compensation/benefits)

Exit Strategy

The Empowered Kitchen is a business incubator. This means that it is a place to begin and grow your business but also that at some point soon (within 1—2 years to be precise) you will need to fly out on your own. The following questions are intended to examine how, exactly, you imagine that flight might go. We understand that it may not happen exactly like this, but it's instructive to think about these things ahead of time.

1. What does 'graduation from The Empowered Kitchen' mean to you? Please be as detailed as possible.

2. Do you imagine being a local business, a regional business or a national business?

3. How do you imagine transitioning out of the kitchen? What will you need? (Money? Real estate? Etc.). How long do you think it will take?

- 4. What would you guess that the graduation process will cost you and how will you find that money?
- 5. Do you envision continuing to support The Empowered Kitchen once you graduate? How?

| The Empowered Kitch | nen |
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| I understand that this application does not imply acceptance into the The Empowered Kitchen |
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| program. I also verify that the information provided is complete and accurate to the best of my |
| knowledge. |

| knowledge. | | | |
|--|-----------------------------------|--|--|
| | | | |
| Signature | Date | | |
| Attachments Provided: | | | |
| Required: | | | |
| Financial Statements | | | |
| Tax Return or Other Proof of Income | | | |
| Resume or Employment History | | | |
| Letters of Recommendation (minimum of 2 from employers, with your products or your business) | , clients, and/or people familiar | | |
| Other (examples: menus, promotional materials, sample lab | els, etc.) | | |