

**APPENDIX B-2**  
**SEED CAPITAL FORMS**  
**(AS PART OF PROGRAM PARTICIPATION FORMS)**

# SET Seed Capital Request Form

## Participant Information

Participant's Name: \_\_\_\_\_  
*First Name* *MI* *Last Name*

SET Provider: \_\_\_\_\_

## Seed Capital Request

Funds requested (not to exceed \$1,000 in total for duration of program): \$ \_\_\_\_\_.

Proposed use of funds (e.g. inventory, equipment, registration fees, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relation of funds to approved business plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check to be issued in (circle one):      Applicant's name      Vendor's name  
Vendor's name (if applicable): \_\_\_\_\_

**NOTE: Please attach vendor quotes or other form of official estimate for the request being made.**

*By signing this seed capital request form, I certify that I have accurately described funds that I will need to cover direct costs that are directly related to the business venture that I am trying to develop. I also understand that, if my request is approved: (1) I will need to provide a copy of the purchase receipt or other documentation to demonstrate that the SET seed capital funds provided were used for the approved purpose(s) and (2) if I misuse SET seed capital funds, I will be terminated from the program.*

Participant's Signature: \_\_\_\_\_

Date of Seed Capital Request: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

OMB Control No.: xxxx-xxxx, Expiration Date: xx/xx/20xx

### Public Burden Statement

The SET Demonstration is being carried out under the legal authority of PL 105-220 (subtitle D [sections 171 and 172]). Completing this document, which seeks to help the U.S. Department of Labor ensure the satisfactory disbursement of seed capital funds for the SET Demonstration, is required to be considered for a seed capital grant. The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Development and Research, U.S. Department of Labor, Room N5641, 200 Constitution Avenue, NW, Washington, DC 20210.



**Seed Capital Request Disposition**

*To be completed by Mathematica site liaison*

**Please check the conditions that apply for this request (All must be checked for approval):**

- Participant is a member of SET program group
- Participant provided adequate documentation of dislocated worker eligibility
- Participant has completed required milestones
- Participant's previous seed funding from SET \_\_\_\_\_ + current request \_\_\_\_\_  $\leq$  \$1,000

**Seed capital request disposition**

- Participant will NOT receive the requested SET seed capital funds
- Participant WILL receive the requested SET seed capital funds:
  - Participant will receive \$ \_\_\_\_\_ . \_\_\_\_\_ in SET seed capital
  - Date when check was issued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)
  - Purchase receipt/documentation received on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)