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

## **SET Seed Capital Request Form**

Participant Information					
Participant's Name:					
	First Nan	ne		MI	Last Name
SET Provider:					
Seed Capital Request					
Funds requested (not to ex	ceed \$1,000 <u>in</u>	total for dura	ntion of pro	gram): \$	
Proposed use of funds (e.g. inventory, equipment, registration fees, etc):					
Relation of funds to approved business plan:					
Check to be issued in (circ Vendor's name (if applical					
NOTE: Please attach ven	dor quotes or o	other form o	f official es	timate for the requ	est 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 Requ	est:	_/	/	(MM/DD/YYY	Y)

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.

	<b>Request Review</b> ed by designated busi	ness advisor		
Business adv	sor's name:			
First Nam	e	MI	La	ast Name
Participant's	SET Number:			
	E <b>ngagement.</b> Please engagement with the S			ent that most closely describes the
☐ Participant	is actively engaged a	nd has completed s	satisfactorily a	agreed-upon SET services/activities.
☐ Participan services/activi		gaged and/or has	not comple	eted satisfactorily agreed-upon SET
				e participant has met the following licant to qualify for the seed capital.
□ Participa	nt has a comprehensive	e and satisfactory l	ousiness plan.	
□ Participa	nt has registered their l	ousiness.		
Advisor's En	dorsement of Seed C	apital Request: (	Check one on	ly)
	☐ Request is A	APPROVED	□ Request i	s NOT approved
Please explair	why the request is AI	PPROVED or NOT	approved: _	
Signature of b	usiness advisor:			
Request Revie	w Date:/_	/	(MM/D	DD/YYYY)
	D, please submit cond by Mathematica	npleted form to t	ne Mathemat	ica site liaison via the secure online

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 determined eligible to obtain or retain the benefit of a seed capital grant. The public reporting burden for this collection of information is estimated to average 10 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					
Plea	ase 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 ≤ \$1,000				
See	d 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)				