

The Northern Virginia Growing America  
Through Entrepreneurship (NOVA GATE) Initiative  
Application Packet

**NORTHERN  
VIRGINIA  
GATE**  
GROWING AMERICA THROUGH  
ENTREPRENEURSHIP



Questions? Please contact:

Kelly Funaro  
Phone: 703-533-5486  
Fax: 703-237-3476  
Kelly.Funaro@FairfaxCounty.gov



Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For information, call the Department of Family Services at 703-533-5400; TTY 711.

A publication of Fairfax County, Virginia

February 2009



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Please answer all questions in the application packet. The information collected in this application packet will be kept completely confidential and used only for research and training purposes. You will need to complete the entire packet, but your answers will **NOT** affect your chances of being selected for the Northern Virginia Growing America Through Entrepreneurship Initiative. There are no right or wrong answers.

The application has three sections:

- **Background Information:** This section tells us about your family and work situation. It will also touch on your past experience and business idea.
- **Contact Information:** This section asks for information that may be used to contact you in the future for follow-up surveys.
- **Participation Agreement:** This section explains the selection process for NOVA GATE and the types of information we will collect from all participants. By signing this application, you are verifying that you satisfy the eligibility requirements for the demonstration and understand the conditions of the program. **This section must be signed for you to participate in the NOVA GATE Initiative.**

Once you have completed the packet, please return it the NOVA GATE orientation leader or fax/mail it to:

NOVA GATE Project Manager  
Attn: Kelly Funaro  
6245 Leesburg Pike, Suite 315  
Falls Church, VA 22044-2106

Phone: 703-533-5486  
Fax: 703-237-3476  
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# The Northern Virginia Growing America Through Entrepreneurship (NOVA GATE) Initiative

## Application Packet, Section 1



Please answer all questions to the best of your ability. The information collected will be kept confidential and used only for research and training purposes. Your answers will **NOT** affect your chances of being selected for NOVA GATE.

### Background Information:

|                                                   |                                                                            |                       |                                                                  |
|---------------------------------------------------|----------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------|
| First Name:                                       | Middle Initial:                                                            | Last Name:            |                                                                  |
| Phone number:                                     | SSN:                                                                       | Birthday (MM/DD/YY) : |                                                                  |
| Address:                                          | City:                                                                      | State                 | Zip Code:                                                        |
| Have you attended an orientation?                 | <input type="checkbox"/> Yes (Date: _____ )<br><input type="checkbox"/> No |                       | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| Primary Language:                                 |                                                                            | E-mail address:       |                                                                  |
| How did you learn about the NOVA GATE Initiative? |                                                                            |                       |                                                                  |

### Additional Information:

- Do you consider yourself:  
*please mark all that apply*
  - White and Hispanic/Latino
  - White and not Hispanic/Latino
  - Black and Hispanic/Latino
  - Black and not Hispanic/Latino
  - American Indian or Alaskan Native
  - Native Hawaiian or Other Pacific Islander
  - Asian
  - Other (please specify): \_\_\_\_\_
- Please choose the answer that best reflects your level of education:
  - 6 year or less
  - 7 - 12 years but no diploma or GED
  - Received High School Diploma or GED
  - Completed some post-high school education but no Bachelor's Degree
  - Received a Bachelors Degree
  - Other: \_\_\_\_\_
- Including yourself, how many people live with you? Please include those related and unrelated as well as people who are temporarily away.  
  
Answer: \_\_\_\_\_
- In the last 12 months, what was your total household income from all sources before taxes and deductions? Please include income from yourself and all other members of your household.
 

|                                              |                                              |
|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> None                | <input type="checkbox"/> \$35,000 - \$49,999 |
| <input type="checkbox"/> Under \$10,000      | <input type="checkbox"/> \$50,000 - \$74,999 |
| <input type="checkbox"/> \$10,000 - \$14,999 | <input type="checkbox"/> \$75,000 - \$99,999 |
| <input type="checkbox"/> \$15,000 - \$24,999 | <input type="checkbox"/> \$100,000 or above  |
| <input type="checkbox"/> \$25,000 - \$34,999 |                                              |
- Prior self-employment experience:
  - None
  - Had a business but it was never profitable
  - Had a business but profit was only marginal
  - Had a business with profit equivalent to a full-time job for at least one year
  - I am still self-employed
- Date business ended: \_\_\_\_\_
- Marital Status:
  - Single
  - Married
  - Separated
  - Divorced
  - Widowed





# The Northern Virginia Growing America Through Entrepreneurship (NOVA GATE) Initiative Application Packet, Section 1 Continued



## Additional Information (continued):

7. Have any close friends or relatives been self employed?

- Yes
- No

14a. Are you currently receiving Unemployment Insurance benefits?

- Yes
- No

b. If applicable, how many weeks in the past 12 months have you received UI benefits? \_\_\_\_\_

8. Do you have any disability or serious health problem affecting your ability to work?

- Yes
- No

15. Existence of a credit history

- No credit history
- Bad Credit
- Average Credit
- Good Credit

9. Are you currently working and receiving an hourly wage or a salary?

- Yes
- No

16. Do you have experience operating another small business similar to the one you propose to start or grow?

- Yes
- No

10. Do you have a family member who is currently working and receiving an hourly wage or salary?

- Yes
- No

17. Will this business build on skills or knowledge developed while at a job or pursuing a hobby?

- Neither job nor hobby
- Job
- Hobby
- Both

11. Do you have health insurance coverage?

- Yes
- No

18a. Which of the following is most accurate?

- I have no idea what business to start
- I have a vague idea of what business I want to start
- I have a detailed idea of the business I want to start
- I have written a formal business plan for the business

12. How much prior managerial experience do you have?

- None
- 1 year or less
- 2 to 5 years
- Over 5 years

b. Please briefly describe the business you would like to start or grow:

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13. Family support for self-employment

- Family is very opposed to self-employment
- Family is mildly opposed to self-employment
- Family is mildly supportive of self-employment
- Family is very supportive of self-employment
- Not Applicable





# The Northern Virginia Growing America Through Entrepreneurship (NOVA GATE) Initiative

## Application Packet, Section 2



### Applicant Contact Information:

|                   |                 |            |
|-------------------|-----------------|------------|
| First Name:       | Middle Initial: | Last Name: |
| Telephone number: | SSN:            | E-Mail:    |

### Applicant's Friend's & Relative's Contact Information:

*In the space below, please provide the name, address, and phone number of three close relatives or friends who are likely to know how to contact you six months from now. We will only contact these people if we have trouble contacting you directly. Please complete all three boxes if possible.*

#### Contact 1:

|                            |                               |            |
|----------------------------|-------------------------------|------------|
| First Name:                | Middle Initial:               | Last Name: |
| Home Telephone number:     | Alternative Telephone number: |            |
| Address:                   |                               |            |
| City:                      | State:                        | Zip Code:  |
| Relationship to Applicant: | Email Address:                |            |

#### Contact 2:

|                            |                               |            |
|----------------------------|-------------------------------|------------|
| First Name:                | Middle Initial:               | Last Name: |
| Home Telephone number:     | Alternative Telephone number: |            |
| Address:                   |                               |            |
| City:                      | State:                        | Zip Code:  |
| Relationship to Applicant: | Email Address:                |            |

#### Contact 3:

|                            |                               |            |
|----------------------------|-------------------------------|------------|
| First Name:                | Middle Initial:               | Last Name: |
| Home Telephone number:     | Alternative Telephone number: |            |
| Address:                   |                               |            |
| City:                      | State:                        | Zip Code:  |
| Relationship to Applicant: | Email Address:                |            |





# The Northern Virginia Growing America Through Entrepreneurship (NOVA GATE) Initiative Application Packet, Section 3



The U.S. Department of Labor has asked an independent research firm to find out the success of self-employment through the NOVA GATE Initiative. Over the next few years they will be studying the program and looking at peoples' experiences before, during, and after participation in the program. This agreement asks you to confirm that you meet the eligibility requirements for NOVA GATE and consent to be contacted to participate in the Study.

### To be eligible for NOVA GATE, you must:

- Have attended a NOVA GATE orientation. Date attended: \_\_\_/\_\_\_/\_\_\_\_.
- Have a legal business idea.
- Be 45 years of age or older.
- Be a U.S. citizen or national of the U.S., lawfully admitted permanent resident, or other immigrant authorized to work in the U.S.
- Be determined eligible as a federal WIA dislocated worker.

### In addition, you must agree to be part of the Study to apply for NOVA GATE:

- NOVA GATE does not have space for everyone. A random selection process will decide who has been selected.
- As part of the Study, an independent research contractor authorized by the U.S. Department of Labor will gather and use information about you from NOVA GATE and other state agency records on service use, earnings, and Unemployment Insurance benefit receipt.
- Information gathered for the Study will only be used for evaluating the program. All information will be kept strictly confidential, unless the law requires disclosure or you request otherwise in writing.

I have read, or have had this form read to me, and confirm that I meet the eligibility requirements and agree to participate in the Study.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date





# The Northern Virginia Growing America Through Entrepreneurship (NOVA GATE) Initiative Application Packet, Section 4



## CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and each agency needs specific information in order to successfully assist with small business development. By signing this form, I am allowing agencies to exchange information in order to work together effectively to provide and coordinate services.

|             |                 |                       |
|-------------|-----------------|-----------------------|
| First Name: | Middle Initial: | Last Name:            |
| Address:    |                 | Birthday (MM/DD/YY) : |

I want **SkillsSource, Virginia Employment Commission (VEC), Northern Virginia Community College, and Business Services Groups** to be able to exchange and access the below information for the purpose of coordinating business development services, verifying services received, and employment.

*Please check those that apply:*

- |                                                 |                                                                   |
|-------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Assessment Information | <input type="checkbox"/> Educational Records                      |
| <input type="checkbox"/> Financial Information  | <input type="checkbox"/> Employment Records                       |
| <input type="checkbox"/> Eligible Benefits      | <input type="checkbox"/> Job and Business Development Information |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

