



CREATIVE ENTREPRENEUR ACCELERATOR GRANT PROGRAM REFERRAL FORM

Date of Referral: _____

Referral Coordinator: _____ Referral Code: _____

Referred to PPA Partner: _____ Greater Pittsburgh Arts Council _____

Applicant Information

Name: _____

Phone: _____

Email: _____

Address, City, State, Zip: _____

Business Legal Name (if applicable): _____

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

Eligibility Checklist - Client 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 in this section

- 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** ____/____/____