

LAULIMA CENTER

Cooperative Assistance and Agricultural Business Development

Request for Technical Assistance

Instructions:

1. Complete this form in its entirety.
2. Submit the completed form via e-mail to nmilnc@kohalacenter.org (for business development) or mbondera@kohalacenter.org (for cooperative development) or fax to 808-885-6707
3. Laulima Center staff will contact you within 10 business days to discuss next steps.

NAME OF BUSINESS/CO-OP/GROUP:	
Contact person:	Phone number:
Address:	E-mail address:
	Web address:
Agricultural Cooperative/Group? <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Agricultural Cooperative/Group? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Business (Please check all that apply) <input type="checkbox"/> Purchasing <input type="checkbox"/> Processing <input type="checkbox"/> Marketing <input type="checkbox"/> Housing <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Tourism <input type="checkbox"/> Other (please indicate): _____	Business Status (Please check all that apply) <input type="checkbox"/> Pre-Venture <input type="checkbox"/> Private non-profit <input type="checkbox"/> In Business <input type="checkbox"/> LLC <input type="checkbox"/> Other (please indicate): _____ If in business, how long has the business been in operation? <input type="checkbox"/> < 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> > 3 years
Business Information: Number of paid employees (including owners): _____ Number of unpaid workers (volunteers, WWOOFers, owners, family, etc.): _____ Acres in production (if applicable): _____ What products/services do you offer to customers? _____	
Financial Information: Hawai'i Revenues Last Tax Year: \$ _____ Out-of-State Revenues Last Tax Year: \$ _____ Net Income Last Tax Year: \$ _____	
Has your group previously received technical assistance from other organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what other organizations have assisted your group? (Please check all that apply) <input type="checkbox"/> Local Chamber of Commerce <input type="checkbox"/> Local Farm Bureau <input type="checkbox"/> College/University <input type="checkbox"/> Legal Counselor <input type="checkbox"/> Government Agency <input type="checkbox"/> Other Existing Cooperative <input type="checkbox"/> Cooperative Extension Service <input type="checkbox"/> Local Economic Development Professional <input type="checkbox"/> Small Business Development Center <input type="checkbox"/> Other _____	

Best Practices Check List: The Laulima Center has developed a list of Best Practices to guide groups through the process of starting a new business. We strongly encourage each client to follow best practices; please indicate in the boxes below the present status of your group by indicating which activities have been completed.

- | | |
|--|--|
| <input type="checkbox"/> An idea has been discussed among a small | <input type="checkbox"/> Financing has been discussed with lenders |
| <input type="checkbox"/> A group of potential cooperative members | <input type="checkbox"/> Market analysis |
| <input type="checkbox"/> Steering committee established | <input type="checkbox"/> Feasibility study |
| <input type="checkbox"/> Mission and vision developed | <input type="checkbox"/> Business plan |
| <input type="checkbox"/> Action items have been established with timelines | <input type="checkbox"/> Management and employees hired |
| <input type="checkbox"/> Articles of Incorporation filed | <input type="checkbox"/> Operations have begun |
| <input type="checkbox"/> Bylaws have been adopted | <input type="checkbox"/> Board of Directors has been formed |

Type of assistance requested:

- | | |
|---|--|
| <input type="checkbox"/> Cooperative business development | <input type="checkbox"/> Business plan development |
| <input type="checkbox"/> Funding research | <input type="checkbox"/> Market plan development |
| <input type="checkbox"/> Loan preparation assistance
Name of loan(s) (if known): _____ | |
| <input type="checkbox"/> Grant preparation assistance
Name of grant(s) (if known): _____ | |
| <input type="checkbox"/> Other _____ | |

If you are seeking funding to expand your cooperative or business, what activities will the funds be used to support? (For example: feasibility planning, market research, equipment purchase, construction, etc.)

Project description and vision statement:

The Laulima Center would like to hear more about your cooperative or business. Please provide a description of your current activities, successes, and challenges, how you are working to address them, and visions for the future.

1. Current activities: _____

2. Successes: _____

3. Challenges and how you are working to address them: _____

4. Visions for the future: _____

