



## LOCAL SMALL BUSINESS COVID-19 RECOVERY INITIATIVE

### Small Business Application

#### BOOKKEEPING ASSISTANCE

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#### Initiative Summary:

Objective--To assist local, brick & mortar businesses in better executing their bookkeeping efforts as a part of their COVID-19 recovery process.

This will be accomplished through a time and materials contract between Southeast ISBDC (and our host: Purdue University); our local small business client; and a bookkeeping business.

#### Qualifications:

1. Business must have been registered with the Indiana Secretary of State, and be in good standing, by January 1, 2020.
2. Business headquarters must be located in one of the following counties: Bartholomew, Clark, Dearborn, Decatur, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Scott, Switzerland.
3. Business must fit within the SBA's definition of a small business in their respective industry.
4. Business must be an active client of the Southeast Indiana Small Business Development Center. (One can become an active client by completing a required SBA Questionnaire (Form 641) and have at least 1 formal meeting with a Southeast ISBDC Advisor.
5. Business must be able to show a negative impact to their business operations and revenue due to COVID-19.
6. Business must agree to participate in continued counseling and data collection with the Southeast ISBDC for a minimum of 1 year following the completion of the initiative.
7. Business must currently be tracking their bookkeeping themselves, without the on-going, regular help of a bookkeeper or accountant. (Using a tax preparer to file an annual tax return is allowed.)
8. Business owner must agree to commit to either recording their financial transactions on a frequent basis and reconcile accounts monthly themselves, or outsource to a bookkeeper/accountant, at the end of the initiative.

**Initiative Process:**

1. Small Business Owner completes application for bookkeeping assistance, meets with Southeast ISBDC, application is reviewed for approval.
2. Upon approval, Southeast ISBDC Regional Director or Business Advisor will contact an approved Bookkeeping vendor to discuss basic client needs and exchange information.
3. Client will meet with their assigned Bookkeeping vendor for initial consult and planning.
4. Bookkeeping vendor will submit a detailed quote to the Southeast ISBDC Regional Director for proposed services provided for the client for up to 3 months.
5. Bookkeeping vendor will provide approved services for the client and submit progress invoices—beginning, middle, and end.

**Applicant Information:**

Business Name: \_\_\_\_\_

Name of Main Contact: \_\_\_\_\_

Job Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Date Business was established with Sec of State: \_\_\_\_\_

Number of employees: \_\_\_\_\_

2019 Gross Revenue: \_\_\_\_\_

2020 YTD Gross Revenue: \_\_\_\_\_

How was your business impacted by COVID-19?

*(Please include narrative and data/financial impact.)*

\_\_\_\_\_

Who primarily does the \_\_\_\_\_  
business's bookkeeping?

What method is used for bookkeeping? (checkbook only, Excel spreadsheet, paper ledger,  
QuickBooks, etc)

\_\_\_\_\_  
What are your long-term goals for your business?

\_\_\_\_\_

What impact do you believe bookkeeping assistance will have on the overall success of your  
business?

\_\_\_\_\_

Do you agree to participate in continued counseling and data collection with the Southeast ISBDC for a  
minimum of 1 year following the completion of the initiative?                      YES                      NO

Do you agree to commit to either keeping your business books up-to-date and reconcile accounts  
monthly, or outsourcing to a bookkeeper/accountant, at the end of the initiative?                      YES                      NO

Signature: \_\_\_\_\_

Date: \_\_\_\_\_