

This application is for the purpose of determining eligibility for the Recipes for Success Cottage Food Business Classes. If you are deemed eligible, you will be contacted.

	First and Last Name:	
	Date of Birth:	
	Address, City, State:	
	Phone Number:	
	Email Address:	
progran	ons 1, 2, and 3 are to help us understand what level of experience you have in food preparation or starting a busines m does not offer instruction on food preparation, so all class participants must have some previous cooking/baking nce either professionally or informally in the home.	s. This
1.	Do you have experience in professional food preparation?	
	 If so, in what capacity (chef, line cook, prep, etc.) and how many years? 	
2.	Do you have experience in domestic or recreational food preparation? o If so, in what capacity (volunteer, community events, cook at home, family, etc.) and how many ye	ars?
3.	Have you ever owned, started, or attempted to start a business?	
	 If so, what was the field/industry? 	
4.	What type of product(s) are you planning on making using your cottage food license?	
5.	How have you been affected, economically or otherwise, by COVID-19 and the subsequent shutdowns?	

Recipes for Success is funded in large part by a Community Development Block Grant through the U.S. Department of Housing and Urban Development (HUD) and the City of Modesto. For this reason, we must gather certain information from program participants including: size of household, annual household income, and use of various government support programs (like food stamps, social security, etc.). **Your answers to these questions are confidential.**



House-

hold Size

Community Development Block Grant (CDBG) Program Participation Data 2020-2021 (effective July 1, 2020)

Program Name:
City or County Client (agency use only):



The information requested below is required to be collected the agency providing funds (HUD) to provide the services under this program. Any information collected is not intended for public dissemination. Please provide the information requested below. Thank you for your cooperation.

B - Total Annual Household Income

(On the row that has your Household size, mark your total annual household income)

Are you the head of household? Yes _____ No ____
 Household Size (A) and Total Annual Household Income (B):

□ No Income Verification Completed (explain) _

1 2	\$14,700 or less	\$14,701-\$24,500	\$24,501-\$3		\$39,151 or more
2	\$16,800 or less	\$16,801-\$28,000	\$28,001-\$4		\$44,751 or more
3	\$18,900 or less	\$18,901-\$31,500	\$31,501-\$5		\$50,351 or more
4	\$20,950 or less	\$20,951-\$34,950	\$34,951-\$5		\$55,901 or more
5	\$22,650 or less	\$22,651-\$37,750	\$37,751-\$6		\$60,401 or more
6	\$24,350 or less	\$24,351-\$40,550	\$40,551-\$6	-	\$64,851 or more
7	\$26,000 or less	\$26,001-\$43,350	\$43,351-\$6		\$69,351 or more
8	\$27,000 or less	\$27,001-\$46,150	\$46,151-\$7	3,800	\$73,801 or more
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