Con el fin de estar en regla con las normas establecidas por los financiadores de Consejo de Desarrollo Empresarial de Mujeres (WBDC), **le rogamos completar este formulario anualmente** y/o cuando ocurren cambios. Le agradecemos de antemano su cooperación. Toda su información **queda confidencial** y reportada de forma anónima a no ser que usted nos autoriza explícitamente. Este solicitud puede ser enviada devuelta a [childcarebusiness@ctwbdc.org](mailto:childcarebusiness@ctwbdc.org).

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| **Sección 1: Datos Personales** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fecha** | | | | | | |  | | | | | | | | | | | | | | | | | | **Como vino a saber de WBDC?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre** | | | | | | | |  | | | | | | | | | | | | **Inicial** | | | | | | | | | |  | | | | **Apellido** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | **Fecha de Nacimiento** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Dirección Casa** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Ciudad** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Estado** | | | | | | | |  | | | | | | | | | **Código Postal** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Correo Electrónico de Preferencia** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Recibir boletín informativo: | | | | | | | | | | | | | | | | | | | | | | Si | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **No. de Teléfono Primario** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Móvil | | | | | | | | | | | Domicilio | | | | | | | | | | Trabajo | | | | |
| **No. de Teléfono Secundario** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Móvil | | | | | | | | | | | Domicilio | | | | | | | | | | Trabajo | | | | |
| **Idioma de Preferencia** | | | | | | | | | | | | | | Ingles | | | | | | | | | | | | Español | | | | | | | | | | | | | | | Otro – especificar: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Sexo Biológico** | | | | | | | | | | | Hombre | | | | | | | Mujer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Estatus Matrimonial** | | | | | | | | | | | | | | | Soltera | | | | | | | | | | | | | Pareja | | | | | | | | | | | | Casad | | | | | | | | | | | | Separada | | | | | | | | | | | | | | Divorciada | | | | | | | | | | | | | | | | Viuda | | | | | | | | | | | | |
| **Es usted de origen hispano, latino o español?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Si | | | | | | | | | | | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Etnia** (marcar todo lo que aplica) | | | | | | | | | | | | | | | | | Asiática | | | | | | | | | | | | | | | | | | Afroamericana / Africana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nativa Americana o de Alaska | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Nativa de Hawái o Pacifico | | | | | | | | | | | | | | | | | | | | | | | | | | | Blanco / Caucásico | | | | | | | | | | | | | | | | | | | | | | Otro – especificar: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **¿Se considera usted persona con discapacidad física?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Si | | | | | | | | | | | | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Estatus Militar** | | | | | | | | | | Ningún servicio militar o Reserva, Guardia Nacional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Veterana | | | | | | | | | | | | | | | | | Veterana Discapacitada | | | | | | | | | | | | | | | | | | |
|  | | | Miembro de la Reserva | | | | | | | | | | | | | | | | | | | | Miembro de la Guardia Nacional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Servicio Activo | | | | | | | | | | | | | | | | | | | | | | | | | | Cónyuge Militar | | | | | | | | | | | |
| **Nivel Mas Alto de Educación** | | | | | | | | | | | | | | | | | | | Escuela secundaria parcial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Escuela Secundaria/GED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Universidad sin diploma | | | | | | | | | | | | | | | | | |
|  | Escuela Profesional/Técnica | | | | | | | | | | | | | | | | | | | | | | | Diploma de Associate | | | | | | | | | | | | | | | | | | | | | | | | | Diploma de Bachelor | | | | | | | | | | | | | | | | | | | | | | | | | | | | Maestría | | | | | | | | | | Doctorado | | | | | | | | | | |
| **Es usted jefe de hogar / persona responsable financieramente?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Si | | | | | | | | | | | | No | | | | | | | | | | | | | | | | | | | | | | |
| **Ingresos brutos anuales** (incluyendo todas fuentes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Menos o equivalente de $10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $10,001 a $20,000 | | | | | | | | | | | | | | | | | |
|  | | | | $20,001 a $30,000 | | | | | | | | | | | | | | | | | | $30,001 a $40,000 | | | | | | | | | | | | | | | | | | | | | | | | | $40,001 a $50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | $50,001 a $60,000 | | | | | | | | | | | | | | | | | | | | | |
|  | | | | $60,001 a $70,000 | | | | | | | | | | | | | | | | | | $70,001 a $80,000 | | | | | | | | | | | | | | | | | | | | | | | | | $80,001 a $90,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | $90,001 a $100,000 | | | | | | | | | | | | | | | | | | | | | |
|  | | | | $100,001 a $150,000 | | | | | | | | | | | | | | | | | | Más de $150,000 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Tamaño de su hogar** (incluyendo usted) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **18 Años o Más:** | | | | | | | | | | | | | | | | |  | | | | | | | | **Menores de 18 años:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |
| **Padre/Madre soltero/a con niño(s) menores en la casa** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Si | | | | | | | | | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Situación de empleo** (marcar todo que aplica) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Trabajo por cuenta propia tiempo completo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Trabajo por cuenta propia tiempo parcial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Trabajo tiempo complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ☐ Trabajo tiempo parcial | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ☐ Ama de Casa | | | | | | | | | ☐ Pensionada | | | | | | | | | | | | | | | | | | | | Sin Trabajo | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **¿Tiene usted un plan de negocios?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Si - Completado | | | | | | | | | | | | | | | | | | | | Si – En Progreso | | | | | | | | | | | | | | | | | | | | | | | | | No – Sin Empezar | | | | | | | | | | | | | |
| **¿Su negocio ya este operando?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Si | | | | | | | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **¿Qué tipo de negocio de cuidado de niños está tratando de abrir?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | En la casa | | | | | | | | | | | | | | | En un centro | | | | | | | |
| **Si esta operando un negocio, usted ha hecho algo de lo siguiente?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Registros obligatorios completados | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Obtuvo una ID fiscal | | | | | | | | | | | | | | Ocasionado gastos de negocios | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Pagado un empleado / persona contratada | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Conseguido capital de trabajo para seguir operando | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Registrado niños | | | | | | | | | | | | | | | | | | | | | | Ninguno de estas se aplica a mi caso | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Sección 2: Informacion Comercial** - *Pase a la Sección 3 si no está operando un negocio.* | | | |
| Si posee varios negocios, complete este formulario para el negocio para el que busca ayuda. | | | |
| **Nombre de su Negocio** |  | **Fecha de Inicio** |  |

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| **¿Cual es su situación?** | | | Dueña | | Empleada - Puesta: | | | |  | | | | | | |
| **% de Propiedad Femenina?** | | | | 0% | 1-50% | 51-100% | | | | **Localización** | | Casa | | Lugar Comercial | | |
| **Dirección del negocio** | |  | | | | | | | | | | | | |  | |
| **Ciudad** |  | | | | | | **Estado** |  | | | **Código Postal** | |  | |  | |

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| **Correo Electrónico** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Teléfono** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Pagina Web** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Redes Sociales:** | | | | | | Facebook | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | LinkedIn | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Twitter | | | | | | | | | @ | | | | | | | | | | | | | | | | | | | | Instagram | | | | | | | | | | @ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **¿En que forma usted ha registrado su negocio?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sole Proprietorship (negocio proprio 100%) | | | | | | | | | | | | | | | | | | | | | | | | | LLC (compañía) | | | | | | | | | | | | | | | | Partnership (en asociación con alguien) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C-Corporación (fiscalmente independiente) | | | | | | | | | | | | | | | | | | | | | | | | | S-Corporación | | | | | | | | | | | | | | Organización sin animo de lucro | | | | | | | | | | | | | | | | | | | | | | | | | | | Sin registro todavía | | | | | | | | | |
| **Tipo de Proveedor de Cuidado Infantil** | | | | | | | | | | | | | | | | | | | | | | | | Casa Familiar (DCFH) | | | | | | | | | | | | | | | | | | | | Hogar de Grupo (DCGH) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Centro (DCCC) | | | | | | | | Campamento Juvenil | | | | | | | | | | | | | | | | | Junta de Educación | | | | | | | | | | | | | | | Exento (DCEX) | | | | | | | | | | | | | | | | Sin licencia de OEC | | | | | | | | | | | | | | |
| **Licencia OEC # (si es aplicable)** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Si tiene licencia, capacidad del programa** (completa para su tipo de programa): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Casa Familiar:** | | | | | | | Menos de 2 años | | | | | | | | | | | | |  | | | | | | |  | | De 2 años a Kindergarten | | | | | | | | | | | | | | | | |  | | | | | | | | | Edad Escolar | | | | | | | | | |  | | | |  | | |
|  | | | **Hogar de Grupo / Centro:** | | | | | | | | | | | | | | | | | | Menos de 3 años | | | | | | | | | | | | |  | | | | | | | | | 3 años o más | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
| **Cantidad de Niños Registrados** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Certificaciones y Acreditaciones Empresariales** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NAEYC | | | | | | | | | | NAFCC | | | | | | | | | 8(a) Certificada | | | | | | | | | | | | | | | | | | | | | | |
|  | Empresa certificada propiedad de mujeres | | | | | | | | | | | | | | | | | | | | | | | | | Empresa certificada propiedad de minorías | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ninguna certificación | | | | | | | | | | | | | |
| **Miembro de una agencia de recursos para proveedores de cuidado infantil** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Red de cuidado infantil familiar (SFCCN) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Sistema de mejora de la calidad de la acreditación (AQIS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Centro Regional de Servicios Educativos (RESC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Especifica la agencia: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ninguna | | | | | | | | | | | | | | | | | | |
| **Cantidad de empleados** (incluyendo usted): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # Tiempo Completo: | | | | | | | | | | |  | | | | # Tiempo Parcial: | | | | | | | | | | | |  | | | | | | | | # Por Estación / Época: | | | | | | | | | | | | | | |  | | | | | | | # Temporal / Por Contrato: | | | | | | | | | | | | | |  | | |
| **En los últimos 12 meses cual ha sido:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Ingresos brutos / Ventas** | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | | **Ganancias (+) / Perdidas (-)** | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | |
|  | | **Salario para Propietario** (ingresos proveniente del negocio para gastos personales y/o hogar) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | |
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| **Sección 3: Términos y Condiciones** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Como cliente de WBDC, un socio de recursos del SBA (Small Business Administration), estoy de acuerdo de participar, *en caso de ser seleccionada*, en un sondeo para evaluar WBDC y/o los servicios de la SBA. Autorizo a WBDC de compartir mi nombre, dirección, numero de teléfono y dirección de correo electrónico con el SBA para este propósito.** Cualquier información compartida permanece confidencial. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Si** | | | **No** | | | | | |
| **Certifico que la información anterior es correcta.**  En consideración de la asistencia técnica y/o consejos recibidos, renuncio a todas las reclamaciones en contra de WBDC, su personal y todos los empleados, agentes, afiliados y terceros actuando en nombre o en relación con WBDC, derivadas de la asistencia brindada. Además, renuncio a todas las reclamaciones contra el personal de SBA y sus socios de recursos derivando de la asistencia técnica o empresarial. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Firma del Solicitante**: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Fecha**: | | | | | | | | | |  | | | | | | | | | | | |

Region:\_\_\_\_\_