

Guidelines:

Westchester Cooperative Network's mission is to foster a solidarity economy in Westchester County, NY by promoting and supporting worker-owned cooperatives.

This Application for Assistance is specifically for the start-up, betterment or conversion of worker-owned cooperatives in Westchester County, NY whose business model is aligned with the **seven cooperative principles**.

Refer to the **Community Resources** section of WCN's website that lists many resources and organizations for the community of worker-owned cooperatives.

Please read **this introduction** to understand the necessary steps to start a worker cooperative.

Explore this **organization's services** if you are in the process of converting your business into a worker cooperative.

Watch what other people tell about their experience with worker cooperatives.

Before filling out this application, you may refer to the following links:

- A. **Manual to create a Business Model Canvas**
- B. **Guidelines** to prepare a budget/break-even analysis and plan a governance matrix
- C. Here is an example of **sample bylaws** for worker-owned cooperatives

APPLICATION FOR ASSISTANCE FOR WORKER-OWNED COOPERATIVES

SECTION ONE: OVERVIEW

A. Provide a brief description of your worker-owned cooperative proposal.

B. State your organization's purpose and anticipated outcomes.

C. Include individuals and/or communities that your organization serves.

D. State amount of funding requested.

E. Specify the type of assistance required (education, training, etc) and provide a detailed breakdown of how the funds will be spent.

F. Project the cooperative's anticipated business timeline (from inception onwards)

SECTION TWO: ORGANIZATION INFORMATION

A. State your worker-owned cooperative's business mission statement

B. Name the founding members and describe their backgrounds

C. Comment on your current and/or future initiatives

D. Describe recent achievements and goals of your organization, if already active.

SECTION THREE: PROPOSAL DETAILS

A. Describe the purpose and objectives of your cooperative

B. Draft a Business Model Canvas.

C. Provide an overview of your timeline

D. Provide an estimated budget for your worker-owned cooperative.

E. List all other funding by any partner or organization and its relationship to your organization.

F. Describe your plans for continuation after funding is ended.

G. Describe benchmarks to measure the effectiveness of your organization and plan the frequency of reporting results.

SECTION FOUR: SUPPLEMENTARY INFORMATION

A. Provide third party references

1.

2.

3.

B. Provide any links to news or articles on your organization, if available.



WESTCHESTER
COOPERATIVE
NETWORK

SECTION FIVE: CONTACT INFORMATION

NAME:

ADDRESS:

EMAIL:

PHONE:

WEBSITE:

Please email your application for assistance to: info@westchestercooperative.net

RESPONSE TO ALL REQUESTS WILL MADE AT WCN'S EARLIEST CONVENIENCE OR WITHIN 45 DAYS UPON RECEIPT OF APPLICATION