

**Opportunities for Ohioans with Disabilities
Bureau of Services for the Visually Impaired
Business Enterprise Program**

Facility Application

Application for Facility # _____

Applicant Name: _____

Operator # _____

Business Address: _____

Telephone # _____

Current Facility # (if applicable) _____

Facility Address: _____

Length of time at current facility: _____

Scoring documentation (include copies with application):

- 1) Documentation of upward mobility training received during the past twenty- four month **(required for 1 point each up to 3 points)**.
- 2) Verifiable documentation of college degree or 5 years business management experience – include contact information **(required for 1 point)**.
- 3) Job descriptions for each current employee and must be on file with BE ***PRIOR*** to facility vacancy closing date **(required for 1 point)**.
 - a) If applicant has no employees please note in the space below **(required for 1 point)**.

- 4) Cleaning schedule for current facility verified by a facility inspection **(recommended for 1 point)**.
- 5) Copy of marketing plan on form prescribed by BE verified by facility inspection **(required for 1 point)**.

Certification

I certify that the answers I have made to all of the questions in this application are true and accurate to the best of my knowledge. I understand that if this application is not completed in its entirety, or I attempt to obtain a facility through fraud, falsification, or criminal activity, I will be automatically disqualified. I further understand that assignment to a facility may be contingent upon the results of a background check, and a drug test consistent with any Drug-Free Workplace program.

Applicant's Signature _____ Date _____