

Converting Layoffs into Minnesota Businesses (CLIMB) Business Assistance Registration

Welcome to Converting Layoffs into Minnesota Businesses (CLIMB) Activity as part of the Dislocated Worker (DW) program! We hope your venture into starting your own business is successful. **This form is a required step for your Dislocated Worker (DW) program counselor to enroll you in CLIMB activity.** Once completed, submit to your counselor to include in your file.

Participant Name: _____

Business Assistance Information

Organization: _____

Representative Name: _____

Contact Phone/Email: _____

Date of Contact: _____

Results/Next Steps/Notes:

Person Completing Form:

Name: _____ Title/Position: _____

Signature: _____ Date: _____

NOTE: This form can be completed and signed by a representative of the assisting organization, the participant, or the counselor. The program operator may choose a designated signer, if needed. Proof of registration could include email, meeting notes, case notes and, as a last resort, self-attestation.