Clement F. Shearer Micro-Grant Program application / Clement F. Shearer Programa de micro subvenciones solicitud

Applicant contact information / Información de contacto del solicitante

Business/organization name / Nombre de la empresa/organización *

Relationship Therapy and Consultation

Property address / Dirección de la propiedad *

Millis Hall, 211 Oak St, Suite 101, Northfield, MN 55057

Contact person / Persona de contacto *

Elsa Kraus

Contact title / Título *

Director

Contact phone number / Teléfono

7158970437

Contact email address / Dirección de email *

elsa@relationshiptherapy.org

Business information / Información de empresa

Type of business / Tipo de negocio

Mental Health Services/Therapy

Business owner / Propietarios de empresas

Elsa Kraus

Yearly sales / Ventas anuales

$ 76,000.00

Number of employees / Número de empleados

1/3

Average wages paid / Salarios medios pagados

$ 50,000.00

Employee benefits offered / Beneficios ofrecidos a los empleados

Flexible Schedule

Applicant information / Información del solicitante

Have you utilized the Micro-grant Program in the past? / ¿Ha utilizado el Programa de microcréditos en el pasado? *

- ○ Yes / Sí
- ◉ No / No

Amount of funds requested / Cantidad solicitada *

$ 5,000.00

What type of assistance is needed? / ¿Qué tipo de asistencia se necesita?

Expansion funding to setup additional office space so that additional services and therapists have the space and resources to continue serving the greater Northfield community. I (the owner) have been operating in a part-time capacity for several years while having children. In the last two years, I was approached by two independent graduate students seeking internships. Both of those students have graduated and wish to continue to see clients through Relationship Therapy and Consultation. To make that possible, I am seeking funding to furnish additional office spaces.

What is the expected impact of the assistance? / ¿Cuál es el impacto previsto de la ayuda?

This funding will allow what has been a sole proprietor mental health services provider to retain two former interns and transition them from part-time contractors to full-time employees, and ultimately to licensed therapists. I anticipate that the weekly client load will expand from 15-20 clients to 60-75 clients within the next year. I also expect that I will spend more time on administrative tasks (non-revenue generating) as I transition from spending most of my time on providing therapy services, to overseeing therapy services provided by the two therapists-in-training. Currently, these individuals have shared office space with me and each other, limiting the hours they are able to see clients.

How will you evaluate this impact? / ¿Cómo evaluará este impacto?

The direct impact will be an increase in the weekly client hours (and therefore revenue) seen through the office. Ultimately, I want to transition these individuals from independent contractor status to full-time employee status.

Have you contacted Small Business Development Center or SCORE for these services? / ¿Se ha puesto en contacto con el Centro de Desarrollo de la Pequeña Empresa o SCORE para solicitar estos servicios? *

- ○ Yes / Sí
- ◉ No / No

Have you identified a consultant/organization willing and able to provide assistance? / ¿Ha identificado un consultor/organización dispuesto y capaz de prestar asistencia? *

- ◉ Yes / Sí
- ○ No / No

Upload current business plan / Cargar el plan de empresa actual

Business plan 2025.docx 324.29KB

Upload financial projections for 12+ months / Subir proyecciones financieras para 12 meses o más

Financial Projections.docx 16.46KB

Upload profit and loss and balance sheet for previous 12 months / Cargar las pérdidas y ganancias y el balance de los 12 meses anteriores

Profit and Loss Statement.docx 16.26KB

Upload estimates for products and services included in the grant application / Cargue los presupuestos de los productos y servicios incluidos en la solicitud de subvención

Cost Estimates.docx 14.49KB

Acknowledgement / Reconocimiento

Signature / Firma del solicitante *

Date / Fecha *

08/05/2025