

**CREATIVE ENTREPRENEUR ACCELERATOR PROGRAM CLIENT INFORMATION FORM**  
*This form must be completed and submitted to the Pennsylvania Partners in the Arts (PPA) Partner.*

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Date:

**Client Information:**

Name:

Phone:

Email:

Address, City, State, Zip:

**Demographics:** Client identifies as: Veteran:

Gender:

Race:

Member of Disabled Community:

Business Legal Name (if applicable):

**Eligibility Checklist:**

Client is at least 18 years of age and has been a resident of Pennsylvania for at least twelve months preceding the date of referral.

Client is a creative entrepreneur intending to form or operating an eligible creative business as defined in the Creative Entrepreneur Accelerator Program guidelines.

If the client operates an eligible creative business, the business had gross revenue of less than \$200,000 for the period covered by the business' most recently submitted annual filing to the Internal Revenue Service.

**Review Checklist (Client must satisfy all conditions in this section):**

The proposed supported activities will help the client start a business or grow audiences and revenues.  
The proposed use of grant funds is appropriate (eligible within the program guidelines).

**Submit to:**

**Pennsylvania Partner in the Arts Partner:**

**Contact Name:**

**Email:**

**Phone:**

**The Creative Entrepreneur Accelerator Program is an initiative of the Pennsylvania Council on the Arts (PCA), a state agency under the Office of the Governor. The mission of the PCA is to strengthen the cultural, educational, and economic vitality of Pennsylvania's communities through the arts.**

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