



Self-Employment Assistance Program Unit
Harriman State Office Campus
Building 12, Room 226
Albany, NY 12240-0001

The Self-Employment Assistance Program (SEAP)
Individual Progress Report

Instructions: The purpose of this report is to show us where you are in the process of starting your business. If you need more space, attach additional sheets. The activities you list do not have to be completed before you send us this form.

Submit this form online at: www.labor.ny.gov/signin.

- 1. Log into your online services account.
2. Click on the envelope icon in the upper right to begin a new message.
3. Select "SEAP - Submit Benchmark Forms" as first the subject line for your message.
4. Enter the name of the form as the second subject line.
5. Do not attach more than one form to your message.

You may also return this form by fax to (518) 402-6586 or by mail to the address above. If you fax it, do not mail the original. If this form is not received by the due date, you will not be eligible for SEAP benefits from the date the form was due until the date the form was received.

Name: Last four digits of Social Security Number: [ ] [ ] [ ] [ ]

Business name:

Business telephone number (if available): ( )

Table with 5 columns: Activity/Task, Date Completed, Projected Completion Date, Not Applicable, Comments. Rows include: Completed entrepreneurial or business training, Developed business plan, Established legal structure (Sole proprietorship, corporation, LLC, partnership, etc.)

Activity/Task	Date Completed	Projected Completion Date	Not Applicable	Comments
Obtained a federal tax identification number				
Opened business checking account				
Established office in home or signed a lease for an office outside home				
Secured needed equipment and supplies				
Developed marketing plan for the business and your product(s)				
Began advertising of product or service (began carrying out marketing plan)				
Purchased business insurance				
Obtained needed business licenses and permits				
Hired staff				
Developed record-keeping and accounting system				
Started providing goods or services				

Progress on activities/tasks not listed above: \_\_\_\_\_

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Typical number of days per week you spend on start-up activities: \_\_\_\_\_

Typical number of hours per day on start up activities: \_\_\_\_\_

Challenges in starting your business: \_\_\_\_\_

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I certify that the statements above are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_