



FAMILY ASSETS FOR
INDEPENDENCE
IN MINNESOTA

FAIM Program Business Plan Approval Form

Name of FAIM Saver: _____

Name of Saver's Business: _____

I, _____, have reviewed my business plan with the organization named below. I agree that the approved business plan describes how I will use my FAIM account funds, including savings and match. I believe that the organization named below gave me advice in good faith. I will not hold the individual or institution liable if my business is not as successful as planned.

Physical Signature of FAIM Account Holder

Date

PLEASE NOTE: A qualified reviewer is someone from a financial institution, micro-enterprise organization, or non-profit loan fund with fiduciary integrity.

Reviewer's Organization: _____

Street Address: _____

City, State, Zip: _____

Reviewer's Name **AND** Title: _____

Phone Number: _____ Email: _____

I, _____, have reviewed the business plan for the above-named saver and business. I have given the saver my recommendations for the short- and long-term goals in their business plan. The saver and I have reached a conclusion on the best use of their FAIM savings dollars for return on investment. If this plan is followed, I can recommend the costs as listed in the business plan.

Physical Signature of Business Plan Reviewer

Date