



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

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**CHOOSE ONE:** The qualified reviewer below is from a: financial institution, micro-enterprise development 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. FAIM will not hold the individual or institution liable if the client's business is not as successful as planned.

\_\_\_\_\_  
Physical Signature of Business Plan Reviewer

\_\_\_\_\_  
Date