

Client Review Form Business IN Development



**PRAIRIE VIEW
A&M UNIVERSITY**
COLLEGE OF AGRICULTURE
AND HUMAN SCIENCES



Cooperative Extension Program

PART I: Client (Contact person completing the form)

Client Name (Last, First, MI)		Email		
Telephone		Fax		
Mailing Address	City	State	Zip	

Part II: Client Intake (to be completed by all Clients)

Race <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the legal entity of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership				
How did you find out about this program? <input type="checkbox"/> College/University <input type="checkbox"/> Client <input type="checkbox"/> Training Seminar <input type="checkbox"/> Media-TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Chamber of Commerce		SBA Client Status Do you currently have, or do you intend to apply for any of these SBA programs? <input type="checkbox"/> Loan <input type="checkbox"/> Program <input type="checkbox"/> Surety Bond <input type="checkbox"/> COC-Certificate of Competency		
Name of Company (if applicable)	Is the client currently in business <input type="checkbox"/> Yes <input type="checkbox"/> NO		Website	
Physical Address	City	State	Zip (+4 if known)	
Type of Business (choose primary category) <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Construction <input type="checkbox"/> Professional, Technical Service <input type="checkbox"/> Service (other) <input type="checkbox"/> Agriculture		Description of the <u>products/services</u>: 		
Business Ownership What is the gender of business Ownership? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female Ownership		Month & Year business started?	Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total No. of Employees (full & part time) _____	Have you negotiated or received a bid through state HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No If so Dollar Amount \$ _____		Have you received any city, county, school district, or private business bids? <input type="checkbox"/> Yes <input type="checkbox"/> No If so Dollar Amount \$ _____	