

Intake Application

For Technical Assistance to Start-up and Existing Businesses

Information on this form is required in order to receive assistance & use the facility.

*(Certain information will be provided to our funders: Federal, State, Local and Private as required.
Information is reported to our funders in terms of groups of clients, rather than individuals).*

All information will otherwise be kept strictly confidential.

Full Name of main contact person _____

Business Associate or Partner Name(s) and phone number(s)

Name _____ Phone(s) _____

Name _____ Phone(s) _____

Name _____ Phone(s) _____

Name _____ Phone(s) _____

Business Name _____

Main Contact Address _____

City _____ State _____ Zip _____ County _____

Business Phone _____

Home Phone _____

Other Phone _____

Fax _____

E-mail _____

Web page _____

How did you find out about ACEnet? _____

In order that we may provide assistance to you, please complete the following sections. Our funders require that we report on the following information:

Age

(please check) 25? 26 – 40 41 – 55 56?

Gender (please circle) Male Female

Ethnicity/ Race

The following information is requested by the Federal Government for certain types of loans/ assistance, in order to monitor the lender’s compliance with equal credit opportunity/ non-discrimination law. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this lender is required to note race/ethnicity/gender on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Gender: Male Female

This information was completed by: Applicant Incubator

Personal Annual Income Range ___ Unemployed ___ Under \$20,000 ___ \$21- 40,000 ___ Over \$40,000

Education ___ Less than HS ___ HS/GED ___ Undergrad ___ Grad ___ Post Grad

Entrepreneurial History

Have any of you ever owned a business before? No Yes

If yes, please describe _____

What actual products or services do you make/provide or wish to make/provide?

What kind of business do you operate or wish to operate?

Do you wish to use the shared-use kitchen facility? Yes No If so, what areas?
(please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> General Kitchen/ Catering | <input type="checkbox"/> Thermal Processing Room |
| <input type="checkbox"/> Baking Area | <input type="checkbox"/> Table top (no equipment) |
| <input type="checkbox"/> Frozen Storage | <input type="checkbox"/> Refrigerated Storage |
| <input type="checkbox"/> Dry Storage | <input type="checkbox"/> Food Packaging Room |
| <input type="checkbox"/> Labeling | <input type="checkbox"/> Secured Cage Storage |

What kind of business support do you need? (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Business Plan Writing | <input type="checkbox"/> Labeling design & regs. |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Accounting/Bookkeeping |
| <input type="checkbox"/> Capital Access | <u>Incubation Services:</u> |
| <input type="checkbox"/> Product Formulation Assistance | <input type="checkbox"/> Office Space |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Fax/Copier/Color Copier |
| | <input type="checkbox"/> Processing Equipment |
| | <input type="checkbox"/> Equipment Rental |
| | <input type="checkbox"/> Storage Rental |

Have you made or sold this product(s)/service(s) before? No Yes

If so, where and when?

Before your application can be processed, please read and sign below

I request technical assistance (i.e, business coaching & product development services) from The Appalachian Center for Economic Networks (ACEnet). By signing below, I acknowledge that the information I have provided is true and accurate to the best of my knowledge. If selected for business assistance, I agree to provide the Appalachian Center for Economic Networks (ACEnet) with all necessary requested information as a condition of my assistance and as long as I am receiving assistance and expect that this information will be shared only with those organizations, foundations and governing bodies that provide funding to ACEnet as allowed by law.

Signature of prospective client

Date

Existing Business Information

In order to receive assistance, please provide the following additional information if you are an existing business. We are required by our funders to provide demographic information on our clients. This information will be used for reporting purposes only.

Start Date of Operations _____

Which form of ownership best characterizes your business? (please check one)

- Sole Proprietorship
- Corporation
- Producers' Co-op
- Limited Liability Corporation
- Subchapter S
- Partnership
- Worker-owned
- Other _____

Please indicate your (approximate) annual sales (please check)

Last Year	This Year	Next Year
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- Under \$5,000
- \$5,000 - \$25,000
- \$25,000 - \$100,000

Last Year	This Year	Next Year
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- \$100,000 - \$250,000
- Over \$250,000

How many employees do you currently have? _____

What other information would you like to share at this point? _____
