

# REQUEST FOR SERVICES

(For Center Use Only)

|                |                           |                   |
|----------------|---------------------------|-------------------|
| <b>Center:</b> | <b>Primary Counselor:</b> | <b>Client ID:</b> |
|----------------|---------------------------|-------------------|

|  |   |   |   |
|--|---|---|---|
| <b>Company Start Date:</b>   | <b>Company Status:</b> <input type="checkbox"/> Preventure <input type="checkbox"/> Start-Up <input type="checkbox"/> In Business   |   |   |
| <b>POC Salutation:</b>   | <b>First Name:</b>  | <b>MI:</b>  | <b>Last Name:</b>   |
| <b>E-mail:</b>   |   | <b>Position</b>   | <b>Owner?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Work Phone:</b>   | <b>Home Phone:</b>  | <b>Fax:</b>   | <b>Cell Phone:</b>  |
| <b>Personal Address:</b>   |   | <b>City:</b>  |   |
| <b>State:</b>  | <b>Zip Code:</b>  | <b>County:</b>  |   |
| <b>Federal Congressional District:</b>   |   | <b>State Representative District:</b>   |   |
| <b>State Senate District:</b>  |   |   |   |
| <b>Gender:</b><br><input type="checkbox"/> Female<br><input type="checkbox"/> Male   | <b>Race:</b><br><input type="checkbox"/> Choose not to respond <input type="checkbox"/> Native American or Alaskan Native<br><input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander<br><input type="checkbox"/> Black of African American <input type="checkbox"/> White/Caucasian   |   | <b>Hispanic Origin:</b><br><input type="checkbox"/> Choose not to respond<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Non-Hispanic   |
| <b>Veteran Status:</b><br><input type="checkbox"/> Choose not to respond<br><input type="checkbox"/> Non-Veteran<br><input type="checkbox"/> Service-Disabled Veteran<br><input type="checkbox"/> Veteran  | <b>Military Status:</b><br><input type="checkbox"/> Choose not to respond <input type="checkbox"/> None<br><input type="checkbox"/> National Guard <input type="checkbox"/> Reservist<br><input type="checkbox"/> National Guard - Active Duty <input type="checkbox"/> Reservist - Active Duty   |   | <b>Disabled:</b><br><input type="checkbox"/> Choose not to respond<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes   |
| If you are currently in business, please complete the following business-related fields.   |   |   |   |
| <b>Company Name:</b>   |   | <b>Business E-mail:</b>   |   |
| <b>Business Phone:</b>   |   | <b>Business Fax:</b>  |   |
| <b>Full-Time Employees:</b>  |   | <b>Part-Time:</b>   |   |
| <b>Business Size:</b><br><input type="checkbox"/> Certified SDB or SBA 8(a) Small<br><input type="checkbox"/> Disadvantaged Small<br><input type="checkbox"/> Large<br><input type="checkbox"/> Minority-Owned Small<br><input type="checkbox"/> Other Small<br><input type="checkbox"/> Woman-Owned Small | <b>Business Type:</b><br><input type="checkbox"/> Choose not to respond <input type="checkbox"/> Research and Development<br><input type="checkbox"/> Agriculture <input type="checkbox"/> Retail Dealer<br><input type="checkbox"/> Construction Concern <input type="checkbox"/> Service Establishment<br><input type="checkbox"/> Financing <input type="checkbox"/> Surplus Dealer<br><input type="checkbox"/> Manufacturer or Producer <input type="checkbox"/> Wholesale Dealer<br><input type="checkbox"/> Not In Business |   | <b>International Trade:</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| <b>Organization Type:</b><br><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership<br><input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Non-profit Organization <input type="checkbox"/> Sub S Corporation       |   | <b>Company Gender:</b><br><input type="checkbox"/> Choose not to Respond<br><input type="checkbox"/> Female (>50% woman-owned)<br><input type="checkbox"/> Male<br><input type="checkbox"/> Male/Female | <b>Company Veteran Status:</b><br><input type="checkbox"/> Choose not to respond<br><input type="checkbox"/> Non-Veteran<br><input type="checkbox"/> Service-Disabled Veteran<br><input type="checkbox"/> Veteran |

|  |                            |                                       |                         |
|--|----------------------------|---------------------------------------|-------------------------|
| <b>Business Address:</b> <i>(if different from Personal Address)</i>   |                            | <b>City:</b>                          |                         |
| <b>State:</b>  | <b>Zip Code:</b>           | <b>County:</b>                        |                         |
| <b>Federal Congressional District:</b>   |                            | <b>State Representative District:</b> |                         |
| <b>State Senate District:</b>  | <b>Located in HUBZone?</b> | <b>Certified HUBZone?</b>             | <b>Distressed Area?</b> |
| <b>PSC Code(s):</b>  |                            |                                       |                         |
| <b>SIC Code(s):</b>  |                            |                                       |                         |
| <b>NAICS Code(s):</b>  |                            |                                       |                         |
| <b>Product/Service Description:</b>  |                            |                                       |                         |
| <b>Referral from:</b><br><input type="checkbox"/> Advertising/Marketing <input type="checkbox"/> Internet <input type="checkbox"/> PTA Program<br><input type="checkbox"/> Bank <input type="checkbox"/> Local EDC <input type="checkbox"/> SBA Network Program<br><input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Media - TV/Radio <input type="checkbox"/> SBDC<br><input type="checkbox"/> Client/Word of Mouth <input type="checkbox"/> Newspapers <input type="checkbox"/> Training Seminar<br><input type="checkbox"/> College/University <input type="checkbox"/> Other <input type="checkbox"/> Yellow Pages |                            |                                       |                         |

The information provided here is accurate and complete to the best of my knowledge. I understand that any information disclosed will be held in strict confidence and the center will not provide any personal information to commercial entities. I understand that the information will be shared with my assigned counselor(s). In consideration of the counselor(s) furnishing business assistance, I waive all claims against the center, its personnel, and that of its resource partners and host organizations, arising from this assistance.

|                   |              |
|-------------------|--------------|
| <b>Signature:</b> | <b>Date:</b> |
|-------------------|--------------|