



Twin Cities Community Development Corporation

Micro-enterprise Technical Assistance Intake Form

Thank you for your interest in the Twin Cities Community Development Corporation (CDC). We ask that you take a few minutes to provide us with some information that will give us a sense of what your current business status is, what your goals are, and the areas in which you need the most assistance. In addition, because many of the services that we offer are made available through public funding sources(CDBG), we are asked to keep track of the individuals we serve. Please feel free to ask if you have questions about the information requested.

Personal Information		
Name:	Business Name:	Date: / /
Address:	Mailing Address:	
Home Phone:	Fax:	
Business Phone:	Email:	
How did you learn about our program? <input type="checkbox"/> Friend or Relative <input type="checkbox"/> Flyer/Newsletter <input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Bank or Lender <input type="checkbox"/> Government Agency <input type="checkbox"/> Other: _____		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Military Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Years of Education Completed: <input type="checkbox"/> Less than 6 th grade <input type="checkbox"/> College courses, no degree <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> College Graduate (circle AA, BS, BA, MA, PH.D.) <input type="checkbox"/> Less than High School <input type="checkbox"/> Other, specify:		
Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced/separated <input type="checkbox"/> Widowed		
Race/Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Other Multi Racial <input type="checkbox"/> American Indian/Alaskan Native & Black/African American		

Employment/Income Information
What is your current employment status? <input type="checkbox"/> Self-employed: (circle one) Full Time Part Time <input type="checkbox"/> Laid off, waiting for call back <input type="checkbox"/> Employed more than FT (overtime/more than one job) <input type="checkbox"/> Currently seeking employment <input type="checkbox"/> Employed FT (35-40 hours) <input type="checkbox"/> Working and in School <input type="checkbox"/> Employed PT (up to 35 hours) <input type="checkbox"/> Homemaker <input type="checkbox"/> Currently in school or job training program <input type="checkbox"/> Other

Do you currently receive any of the following (check all that apply)?

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Career Center | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Other |
| <input type="checkbox"/> MassRehab | <input type="checkbox"/> SSI/Disability | |

Income Information:

(Please circle below the number of people in your household)

1 2 3 4 5 6 7 8

\$40,150 \$45,900 \$51,600 \$57,350 \$61,950 \$66,550 \$71,100 \$75,000

In the last 12 months was your total household income HIGHER or LOWER?

Business Information – complete this section if you are already in business

How would you characterize your business status?

- | | | |
|---|---|--|
| <input type="checkbox"/> Purchasing Existing Business | <input type="checkbox"/> In Business - Stagnant | <input type="checkbox"/> In Business - Expanding |
| <input type="checkbox"/> In Business- Healthy/Stable | <input type="checkbox"/> In Business - Weak | <input type="checkbox"/> In Business – Failing |

Business Type: Manufacturing Service Retail Wholesale
 Agricultural Contract Trade Other: _____

Please give a brief description of your business product(s) or service(s). Include information on your target market (primary customers).

Additional Comments:

When did you make the first sale for this business? (month/year) ____/____

What is the business form of ownership?

- | | | |
|--|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> S Corporation | <input type="checkbox"/> Limited liability |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Cooperative |

Are you interested in international trade?

- Yes No
 Interested

Percentage of Ownership Gender:

- | | | | |
|-------------------------------------|--|------------------------------|--|
| <input type="checkbox"/> Male %____ | <input type="checkbox"/> Less than 51% | <input type="checkbox"/> 50% | <input type="checkbox"/> More than 51% |
| <input type="checkbox"/> Female %__ | <input type="checkbox"/> Less than 51% | <input type="checkbox"/> 50% | <input type="checkbox"/> More than 51% |

Where did you look for financing to start your business?

- | | | |
|--|---|---|
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Personal Savings | <input type="checkbox"/> Income from Job |
| <input type="checkbox"/> Bank Loan | <input type="checkbox"/> Private Investor | <input type="checkbox"/> Business Profits |
| <input type="checkbox"/> Government Loan | <input type="checkbox"/> Other | |

SBA Client:

- Borrower
 Loan Applicant

What are your gross annual sales? \$_____

How much personal income do you take from the business on a monthly basis? \$_____

How much personal income would you like to take from the business on a monthly basis? \$_____

Are you seeking technical assistance from other sources?

- SBA SCORE Private consultants Friends Other_____

What percentage of your customers are located:		
In Fitchburg/Leominster	In Western MA (outside Fitchburg):	Outside Western MA:
How many hours per week do you spend working in your business?	How many paid employees do you have and plan on in the future including the owners? Current: Part-time: ___ Full-time: ___ Year 1: Part-time: ___ Full-time: ___ Year 2: Part-time: ___ Full-time: ___	

Business Information – complete this section if you are starting a business

How would you characterize your business start-up status? (Check as many as apply)

Idea stage Research begun Location identified
 Already started 0-6 mos. Plan to purchase existing business Formalizing hobby/pastime

Planned Business Type:

Manufacturing Service Retail Wholesale
 Agricultural Contract Trade Other:

Please give a brief description of your planned business product(s) or service(s). Who do you expect will be your customers?

Additional Comments:

When do you plan to make the first sale for this business? (month/year) ____/____

What form or business ownership are you planning? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited liability <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative	Are you interested in international trade? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested
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Percentage of Planned Ownership Gender:

Male % ____ Less than 51% 50% More than 51%
 Female % ____ Less than 51% 50% More than 51%

Where will you look for financing to start your business? <input type="checkbox"/> Family/Friend <input type="checkbox"/> Personal Savings <input type="checkbox"/> Income from Job <input type="checkbox"/> Bank Loan <input type="checkbox"/> Private Investor <input type="checkbox"/> Business Profits <input type="checkbox"/> Government Loan <input type="checkbox"/> Other	
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What do you anticipate your annual sales will be? \$_____

How much personal income will you need to take from the business on a monthly basis? \$_____

How much personal income would you like to take from the business on a monthly basis? \$_____

Are you seeking technical assistance from other sources?

SBA SCORE Private consultants Friends Other _____

Where do you expect that most of your customers will be located?
 In the Fitchburg: In Western MA(outside Fitchburg) Outside Western MA:

How many hours per week do you plan to spend working in your business?

How many paid employees do you plan on having in your business, including the owners?
 Year 1: Part-time:____ Full-time:____
 Year 2: Part-time:____ Full-time:____
 Year 3: Part-time:____ Full-time:____

Goals and Needs

What is your main reason for seeking assistance with your business at this time?

What are your goals for your business in the next year?

Client Waiver

Information Release (If you have questions or concerns about this waiver ask a CDC representative)

I agree to the release of general information regarding as stated below of my business venture and the services provided to me by a representative of the Twin Cities CDC. I acknowledge that the use of all or any part of the information pertaining to the above will be at the discretion of CDC for use in public display and is in no way intended to harm those parties involved. The CDC holds all information confidential except for required reporting. I understand that I will receive no compensation in exchange for the release and that the recipient of this release will have the right to publish:

General information:
 My name, town and any description of said venture Yes No Initials:____
 Photographs pertaining to said venture Yes No Initials:____
 Description of Technical Assistance Yes No Initials:____

Technical Assistance Waiver

I agree to hold Twin Cities CDC and any third party representative harmless against any liability, loss, or damage caused by or arising from the use of any and all information or materials furnished by the CDC or representative in connection with my participation therein. Initials: _____

Client Signature

I certify that the above information is true and correct to the best of my knowledge and understand that this information may be verified by a staff member of the CDC to determine eligibility for program services. If I am provided services I understand that it is my responsibility to complete the work with the guidance of the CDC or representative. In the event I cannot attend a scheduled meeting, I will contact the CDC or service provider 24 hours in advance.

_____ Client Signature

_____ Date