

**INITIAL BUSINESS TECHNICAL ASSISTANCE INQUIRY**

**SCREENING FORM (internal office use only-to be completed with CDC staff)**

**Name(s)** \_\_\_\_\_

**Do you live in Fitchburg?** \_\_\_\_\_ **Do you live elsewhere in Massachusetts?** \_\_\_\_\_

**Residential Address** \_\_\_\_\_

**Mail Address** \_\_\_\_\_

**How many people in your household?** \_\_\_\_\_ **Household Income** \_\_\_\_\_

**Race** \_\_\_\_\_

**Are you starting a business in Fitchburg?** \_\_\_\_\_ **Elsewhere in Massachusetts?** \_\_\_\_\_

**OR**

**Are you expanding a business in Fitchburg?** \_\_\_\_\_ **Elsewhere in Massachusetts?** \_\_\_\_\_

**Address or proposed address of Business (if known)**

\_\_\_\_\_

**How many jobs will your business create?**

**Just Myself** \_\_\_\_\_ **Up to 5** \_\_\_\_\_ **Over 5** \_\_\_\_\_

**How many jobs will your business retain?**

**Just Myself** \_\_\_\_\_ **Up to 5** \_\_\_\_\_ **Over 5** \_\_\_\_\_

**ADDITIONAL CONTACT INFORMATION:**

**Home Phone** \_\_\_\_\_ **Business Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Website** \_\_\_\_\_

**For Office use only:**

**Qualified For Fitchburg Funding?** \_\_\_\_\_ **CDBG Income Qualified?** \_\_\_\_\_

**Qualified for Commonwealth of Mass Funding** \_\_\_\_\_

**Other Referral** \_\_\_\_\_