

Client Intake Form

The Women's Business Development Council (WBDC) is a 501(c)(3) non-profit organization, required by its funders to collect the data requested on this form. WBDC places great value on your personal privacy and the confidential facts and figures you disclose concerning your business activities. Information concerning you and your business is kept strictly confidential and is reported only in aggregate or anonymous unless prior approval is received from you. WBDC is able to offer its programs and services at affordable and/or reduced rates due to the support of Federal, State, Municipal, Corporate and individual contributors, and the programs or services you participate in are either partially or fully subsidized. **Completed forms may be returned to Claudia at cdidona@ctwbdc.org.**

Section 1: Personal Information

Date _____ **How did you learn about WBDC?** _____

Full Name _____ **Date of Birth (mm/dd/yy)** _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

Primary Email _____ Personal Work

Secondary Email _____ Personal Work

Do you want to sign up for our email newsletter? Yes No

Primary Phone # _____ Cell Home Work

Secondary Phone # _____ Cell Home Work

Biological Sex Female Male

Marital Status Single Partner Married Separated Divorced Widowed

Ethnicity Not Hispanic or Latino Hispanic or Latino

Race (Select all that apply) Caucasian Black or African American Asian American Indian/Alaska Native
 Native Hawaiian/Pacific Islander Other – please specify: _____

Do you consider yourself to be a person with a disability? Yes No

Military Status No Military, Reserve, or National Guard Service Veteran Service Disabled Veteran
 Member of the Reserve Member of the National Guard Active Duty
 Spouse of a Military Member

Single Parent with Child(ren) Under 18 Living at Home Yes No

Head of Household / Highest Earner Yes No

Highest Level of Education High School Graduate/GED Vo-Tech Some College Associate Degree
 Bachelor's Degree Master's Degree Doctorate

Annual Gross Household Income (include all sources) _____

Household Size (include yourself) **Age 18 or Over:** _____ **Under Age 18:** _____

Employment Status (FT = 35+ hours; PT = up to 35 hours)

- Self-Employed FT Self-Employed PT Employed by Someone Else FT
 Employed by Someone Else PT Homemaker Retired Unemployed

Describe your business concept _____

Do you have a business plan? Yes - Completed Yes – In Progress No – Not Started

Business Status Idea / Planning Start-up Business (Less than 1 year)
 Emerging Business (1-3 years) Established Business (3+ years)

If in business, have you done any of the following? Completed Required Registrations

- Obtained a Tax ID Made a sale of your product or service Incurred a business expense
 Compensated an employee/contractor Acquired debt/equity capital to pursue business operations

Section 2: Business Information

Business Name _____ **Business Start Date** _____

What is your relationship to this business? Owner Employee – Position: _____

Business Address _____ **City** _____ **State** _____ **Zip** _____

Email _____ **Phone Number** _____

Website _____

Business Location Home Based Retail Location Commercial Space Incubator / Innovation Center

Facebook Page _____ **LinkedIn Profile** _____

Twitter Handle @ _____ **Instagram Profile** @ _____

Type of Business Accommodation/Food Services Administrative/Support Agriculture, Forestry, Fishing & Hunting
 Arts/Entertainment/Recreation Construction Educational Services Finance/Insurance
 Health Care/Social Assistance Information Management of Companies & Enterprises Manufacturing
 Mining Professional/Scientific/Technical Services Public Administration Real Estate/Rental/Leasing
 Retail Trade Transportation/Warehousing Utilities Waste Management/Remediation Services
 Wholesale Trade Other Services

Conduct Business Online Yes No **8(a) Certified** Yes No

Employees (include yourself) # Full-Time: _____ # Part-Time: _____ # Seasonal _____ # Temporary: _____

NAICS Code _____ **DUNS Number** _____

Business Structure Sole Proprietorship LLC Partnership C-Corporation S-Corporation
 Benefit Corporation Non-Profit

% Female Ownership 0% 1-50% 51-100%

Total Gross Receipts / Sales for Previous Year (If LLC, line 1 of Schedule C) \$ _____

Business' Net Profit / Loss for Previous Year (If LLC, line 31 of Schedule C) \$ _____

Total Owner's Draw (Salary/Income) You Took for Previous Year \$ _____

Engaged in Export Yes No

Countries You Export to (please be specific) _____

Capital Received: SBA Loan: \$ _____ Non-SBA Loan: \$ _____ Equity Capital \$ _____

I request business counseling service from the Women's Business Development Council (WBDC), a Small Business Administration (SBA) Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate WBDC and/or SBA services. **I permit SBA and WBDC the use of my name and address for SBA and WBDC surveys, and information mailings regarding SBA products and services.** Yes No

I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance. **Use of Information:** The information in this form is to be provided by individuals and business seeking technical assistance services from WBDC, a SBA Resource Partner. The information is collected to help SBA's continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. The form should be submitted at the site of service to the counselor providing the service. Resource Partners will submit information to SBA according to the terms of their notice of award.

I certify that the above information is accurate. In consideration of the technical assistance and / or counseling provided to me, I waive all claims against WBDC, its personnel and any and all employees, agents, affiliates and third parties acting on behalf of or in conjunction with WBDC, arising from this assistance.

Applicant Signature: _____ **Date:** _____