



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 _____

Email _____

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 check)

 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/nondiscrimination 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

This information was completed by: Applicant

Incubator

Personal Annual Income Range ___ Unemployed

___ Under \$20,000

___ \$20,000 - \$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 Table top (no equipment) | <input type="checkbox"/> Frozen Storage Refrigerated Storage |
| <input type="checkbox"/> Dry Storage Food Packaging Room | <input type="checkbox"/> Labeling Secured Cage Storage |

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

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



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)*

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Subchapter S |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Producers' Co-op | <input type="checkbox"/> Worker-owned |
| <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Other |

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

Last Year	This Year	Next Year
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- | | | | |
|--------------------------|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Under \$5,000 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$5,000 - \$25,000 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$25,000 - \$100,000 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$100,000 - \$250,000 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Over \$250,000 |

How many employees do you currently have? _____

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



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