

# CalAsian All Programs Client Intake Form

## PART A: Basic Client Information

1. Last Name	2. First Name	3. Title
4. Email Address	5. Phone/Mobile	6. Personal Linkedin

## PART B: Business Information

7. Business Name	8. Business Phone #	10. City:	11. County:
	9. Business Address	12. State:	13. Zipcode:

<b>14. Business Social Media</b> <i>Check all that apply</i>  <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Linkedin <input type="checkbox"/> Instagram <input type="checkbox"/> Other: _____	<b>15. Business Contact Email</b>  _____	<b>16. Business Operation</b> <i>(Make a selection)</i>  <input type="checkbox"/> Startup <input type="checkbox"/> Pre-launch <input type="checkbox"/> Part-time operation <input type="checkbox"/> Full time operation
	<b>17. Business Start Date</b> (MM/DD/YYYY)  _____	<b>18. Annual Revenue</b> <input type="checkbox"/> No Revenue <input type="checkbox"/> \$1K - \$100K <input type="checkbox"/> \$1.1M - \$2.5M <input type="checkbox"/> \$101K - \$500K <input type="checkbox"/> \$2.6M - \$5M <input type="checkbox"/> \$501K - \$1M <input type="checkbox"/> Greater than \$5M

19. Number of Full time employee(s)	20. Number of Part time employee(s)
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**21. Business Industry** *(Check all that apply)*

<input type="checkbox"/> Administrative and Support and Waste Management and Remediation Services	<input type="checkbox"/> Management of Companies and Enterprises	<input type="checkbox"/> Utilities
<input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Arts, Entertainment, and Recreation	<input type="checkbox"/> Mining	<input type="checkbox"/> Choose not to respond
<input type="checkbox"/> Construction Concern	<input type="checkbox"/> Other Services	
<input type="checkbox"/> Educational Services	<input type="checkbox"/> Professional, Scientific, and Technical	
<input type="checkbox"/> Finance and Insurance	<input type="checkbox"/> Public Administration	
<input type="checkbox"/> Health Care and Social Assistance	<input type="checkbox"/> Real Estate Rental and Leasing	
<input type="checkbox"/> Information	<input type="checkbox"/> Retail Trade	
	<input type="checkbox"/> Transportation	

22. NAICS Code(s)	23. Business Website
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**PART C: Additional Information**

**24. Minority Owned**

Yes     No

If **yes**, then select from the options:

- |   |   |
|---|---|
| <input type="checkbox"/> African American/Black   | <input type="checkbox"/> Native/Hawaiian/Pacific Islander |
| <input type="checkbox"/> Hispanic American/Latino | <input type="checkbox"/> American Indian                  |
| <input type="checkbox"/> Asian American           | <input type="checkbox"/> Alaska Native                    |
| <input type="checkbox"/> Asian Pacific American   | <input type="checkbox"/> Hasidic Jew                      |
| <input type="checkbox"/> Asian Indian             | <input type="checkbox"/> Not Applicable/ Other            |

**Minority Owned Certification(s)**

*Check All That Apply*

- Minority Supplier Development Council (NMSDC)  
 8 (A) Business Development Program

**25. Woman-Owned**

Yes     No

**Woman Owned Certification(s)**  
*- Check All That Apply*

- Woman-Owned Small Business (WOSB)  
 Woman Business Enterprise National Council (WBENC)

**26. Veteran-Owned**

Yes     No

*Choose All That Apply:*

- Located in Rural Community  
 Located in Low Wealth Community  
 Located in Disaster Impacted Community

**27.) Organization Type**  
*(Make a selection)*

- |                 |             |
|-----------------|-------------|
| Sole-proprietor | Corporation |
| Partnership     | LLC         |

**PART D: Services Needed**

**Please select the services you are interested in receiving**

**28. Technical Assistance: Check Any And All That Apply:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accounting/Budget            | <input type="checkbox"/> Marketing                  | <input type="checkbox"/> U.S. Department of Transportation-Related Assistance |
| <input type="checkbox"/> Capital/Financial Assistance | <input type="checkbox"/> HR – Human Resources       | <input type="checkbox"/> Accounting      Project Management                   |
| <input type="checkbox"/> Business Services            | <input type="checkbox"/> Technology/Computers       | <input type="checkbox"/> Planning         DOT Short Term Lending Program      |
| <input type="checkbox"/> Exporting/Importing          | <input type="checkbox"/> Disaster Planning/Recovery | <input type="checkbox"/> Contract Review    DOT Bonding Education Program     |
|   |   | <input type="checkbox"/> Marketing         Financing                          |
|   |   | <input type="checkbox"/> Bidding and Estimating                               |
|   |   | Other:  |

29. Submitted by (Client Signature):

Date:

Please inform us of any questions or concerns by calling us at (916) 446-7883 or visiting our office at 2331 Alhambra Blvd. Suite 100, Sacramento, CA 95817.