

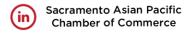
P: 916.446.7883 F:916.307.5251 sacasiancc.org 1610 R Street, Suite 300 Sacramento, CA 95811

CLIENT INTAKE FORM

PART A: Basic Client Information							
First Name:		Last Name:					
Title:	Email Address:		Phone/Mobile Number:				
PART B: Business Information							
Business Name:	Business Phone Number:		Business Website:				
Business Address:							
Business Location Status: Rural Community Disaster Impacted Commu			th Community ne Above				
Business Operation: (Make a Selection)	Business Start Date: (MM/DD/YYYY)		Annual Revenue:				
☐ Startup ☐ Pre-Launch ☐ Part-Time Operation ☐ Full-Time Operation	Organization Type: Sole Proprietor Partnership LLC Corporation		\$1,000 - \$100K \$100K - \$500K \$500K - \$1M \$1M - \$5M Greater than \$5M				
Number of Full-Time Employees:		Number of Part-Time Employees:					
Business Industry (Check All That Apply): Advertising / Marketing Art, Media, and Publications Automotive Communications Construction Consulting Education Engineering Entertainment Financial Services Food and Beverage Health and Wellness		Human Resources Insurance Law Leisure Non-Profit Professional Services Real Estate Retail Technology Telecommunications Utility / Public Other:					







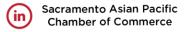




PART C: Additional Information						
Minority Owned:	If you than coloct:					
Minority-Owned: Yes No	If yes, then select: African American Hispanic American Asian American Asian Indian Native / Hawaiian	an / Latino	☐ American Indian ☐ Alaska Native ☐ Hasidic Jew ☐ Other: ☐ N/A			
Minority-Owned Certifica	Minority-Owned Certifications (Check All That Apply):					
Minority Suppl	ier Development Cou Development Progra	ıncil (NMSDC)				
	I					
Woman-Owned:	Woman-Owned Certifications:					
☐ Yes ☐ No	☐ Woman-Owned Small Business (WOSB)☐ Woman Business Enterprise National Council (WBENC)					
	Iv. 0 10	1.6.				
Veteran-Owned:	Veteran-Owned Certifications:					
☐ Yes☐ No	☐ Veteran-Owned Small Business (VOSB)☐ Service-Disabled Veteran-Owned Small Business (SDVOSB)					
PART D: Services Needed						
Please Select	All the Services Tha					
☐ Accounting		HR – Human Resources				
Capital / Finance Assistance		Technology / Computers				
Business Services		Disaster Planning / Recovery				
Marketing		U Other:				
U.S. Department of Transportation-Related Assistance						
Accounting		Finance				
Bidding and Estimating		☐ Marketing				
Contract Review		☐ Planning				
☐ DOT Short-Term Lending Program			ct Management			
DOT Bonding Education Program		Other	f:			









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PART E: Financial Questionnaire							
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Ownership of Business (Must Equal 100%):							
Name:	Credit Score:		Ownership Percentage:				
Do you have a business plan?		Annual Net Operating Income:					
Yes			-				
│							
Current Financial Institution:		Annual Total Business Debt Obligations:					
Has the business or its owners ever		Is the business or its owners a party to					
declared bankruptcy?		any claim or lawsuit?					
Yes		<u>□</u> Yes					
☐ No		□ No					
Are any business assets pledged as		Is the business a guarantor, endorser, or					
collateral to another lender?		co-maker on any debts?					
∐ Yes		Yes					
∐ No		│					





