

Business Assistance Form Client ID No. _____

*Client Name _____ *Date: _____

*Company Name _____ *Business Start Date _____

*Address _____ *Website _____

*City _____ *State _____ *Zip _____ *County _____

*Phone _____ *Email _____

*Startup (Prelaunch) *Operating part-time only *Operating full-time

*Number of FT Employees _____ *Number of PT Employees _____ Annual Gross Revenue _____

*Industry Sector (i.e. Retail, Construction, Auto) _____ NAICS Code _____

*Woman-Owned Business Yes No *Veteran: Yes No Age _____

*Race/Ethnicity: Black/African American Asian Native American or Alaska Native

Native Hawaiian or Pacific Islander Hispanic/LatinX Caucasian Other: _____

*Assistance Requested/Session Notes

*Assistance Provided/Session Notes:

May we add you to our business contact list? Yes No

May we share your information with other service providers? Yes No

How did you hear about YSEDC and its program?

-----OFFICE USE ONLY-----

*Make session notes visible to Client: YES NO

*Advisors Name and email: _____

*Session Duration: _____ Final Session: YES NO

Business in Low-Wealth Community. Must be at 18.45% or higher (Marysville Only) YES NO

Business in Rural Communities: _____ *Business in Disaster-Impacted Communities YES NO