



## Business Needs Assessment Intake

*\*Disclaimer: This survey is confidential. The Entrepreneurship Center team at the Urban League of Palm Beach County will have exclusive access to this survey. This survey will provide our staff with data to match your business with beneficial business resources and services.*

### Client Information:

Business Name: \_\_\_\_\_

Business owners Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: (if different from business address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Email: ( ) \_\_\_\_\_

How did you hear about the Entrepreneurship Center? \_\_\_\_\_

Race: ☐ Black/African American ☐ White ☐ Asian ☐ American Indian/Alaska Native

☐ Native Hawaiian/Pacific Islander ☐ Prefer Not to Answer

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Gender: ☐ Male ☐ Female

Veteran Status: ☐ No Military, Reserve or National Guard ☐ Veteran  
☐ Member of Reserve ☐ Active Duty ☐ Member of National Guard

Age Range: ☐ 18 to 29 ☐ 30 to 40 ☐ 40 to 50 ☐ 50+

Name of Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Year business was started: \_\_\_\_\_

Credit Score (please note, you will be asked to report on a quarterly basis): \_\_\_\_\_

What type of business do you have: ☐ Service ☐ Retail ☐ Restaurant ☐ Other?

(Please describe)

Are you registered with the Florida Division of Corporations (Sunbiz)? \_\_\_\_\_

What is the legal structure of your business? (Please check all that apply):

☐ Sole Proprietorship ☐ C- Corp ☐ S-Corp ☐ Partnership ☐ Limited Liability Company  
☐ Non-profit ☐ Fictitious Name or DBA

NAICS #: \_\_\_\_\_

NAICS # lookup: <https://www.naics.com/search/>

### Business Capacity

What stage is your business? ☐ Pre-Startup/Idea ☐ Startup under 2 years  
☐ Growth ☐ Expansion

Are you a home-based business? ☐ Yes ☐ No



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Do you have an Employer Identification Number (EIN)? ☐ Yes ☐ No

Do you have a Dunn and Bradstreet Number? ☐ Yes ☐ No

Do you ☐ own or ☐ rent or ☐ sublet your space?

How long is your current lease? \_\_\_\_\_ Years \_\_\_\_\_ Months ☐ Yes ☐ No

Approximate size of your facilities in square feet: \_\_\_\_\_ sq. ft.

Are you planning on expanding sometime in the next three years?

How much do you pay in rent per month? \$ \_\_\_\_\_

How many people do you currently employ? Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

How many employees did you have at the end of last year? Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Please indicate the range of your gross revenues for last year:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000        | <input type="checkbox"/> \$50,000-\$100,000  | <input type="checkbox"/> \$100,000-\$250,000   |
| <input type="checkbox"/> \$250,000-\$500,000 | <input type="checkbox"/> \$500,000-\$750,000 | <input type="checkbox"/> \$750,000-\$1,000,000 |
| <input type="checkbox"/> \$1,000,000 +       |  |  |

Did your revenues increase or decrease from prior year? ☐ Increase ☐ Decrease

By approximately what percent? \_\_\_\_\_%

Current Business Status: ☐ Declining ☐ Holding steady ☐ Increasing

Future Business Plans: ☐ Staying in same location ☐ Staying in same location, expanding  
☐ Changing location

Do you conduct business online? ☐ Yes ☐ No

Do you belong to business organizations? ☐ Yes ☐ No

If yes, which one(s)? \_\_\_\_\_



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Are you a certified SBE, MBE, WBE, or other procurement designation?

☐ Yes ☐ No

If yes, which agencies are you certified with?

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What are the most critical issues facing your business today?

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### Business Needs

(please check all areas which apply to your current business)

#### I. Accounting:

Type of Assistance:	Counseling	Workshops	Information	No Assistance
Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash Flow Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Preparation & Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### II. Finance:

Type of Assistance:	Counseling	Workshops	Information	No Assistance
Understanding Financial Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining Financing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### III. Marketing:

Type of Assistance:	Counseling	Workshops	Information	No Assistance
Marketing Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising and Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pricing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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### V. Business Operations:

Type of Assistance:	Counseling	Workshops	Information	No Assistance
Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### VI. General Management:

Type of Assistance:	Counseling	Workshops	Information	No Assistance
Strategic Business Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial/Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Notes & Additional Comments:

Click or tap here to enter text.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EC Staff: \_\_\_\_\_ Date: \_\_\_\_\_