

# BDO Intake

(Required elements are underlined.)

## BDO PROGRAM INFORMATION

**Did participant consent to participate in program?:**  Yes  No

**Consent Signature Date?:** \_\_\_\_\_

**Enrolled into program date:** \_\_\_\_\_

## BUSINESS OWNER INFORMATION

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

## DEMOGRAPHICS

**Gender:**  Female  Male  Non-binary  Other  Client declined to answer

**Race:**  American Indian/Alaskan Native  Asian  African American/Black  Caucasian/White

Hawaiian/Pacific Islander  Bi-racial  Multi-racial  Other  Client declined to answer

**Ethnicity:**  Hispanic  Non-Hispanic  Client declined to answer

**Military Status:**  Active Duty  Veteran  Service-disabled Veteran  Spouse of Active Duty Member  Spouse of Veteran  Never Served  Client declined to answer

**Highest Grade Completed (if completed education in another country, estimate the equivalent education in the U.S.):**

No High School Diploma/Equivalency  High School Equivalency (GED, HiSet, TASC)

High School Diploma  Some College  College Certificate (non-credit bearing)

College Certificate (credit bearing)  Associate Degree  Bachelor's Degree

Master's Degree  Doctoral Degree  Client declined to answer

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## Underserved Population:

- |   |  |
|---|--|
| <input type="checkbox"/> Disabled                             | <input type="checkbox"/> Refugee                     |
| <input type="checkbox"/> LGBTQ+                               | <input type="checkbox"/> Immigrant                   |
| <input type="checkbox"/> BIPOC                                | <input type="checkbox"/> Limited English Proficiency |
| <input type="checkbox"/> Veteran                              | <input type="checkbox"/> Client declined to answer   |
| <input type="checkbox"/> Women                                | <input type="checkbox"/> No                          |
| <input type="checkbox"/> Justice-involved / returning citizen |  |

## Percentage of Ownership: \_\_\_\_\_

### BUSINESS OWNER HOUSEHOLD INFORMATION

Is the business owner a female head of household?  Yes  No  Unknown

Number of household members (*includes business owner*): \_\_\_\_\_

Number of dependents: \_\_\_\_\_

Household Annual Income: \_\_\_\_\_

Is the business owner requesting language assistance?  Yes  No

a. If yes, in what language?

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Spanish    | <input type="checkbox"/> Loatian       |
| <input type="checkbox"/> Arabic     | <input type="checkbox"/> Korean        |
| <input type="checkbox"/> Swahili    | <input type="checkbox"/> Japanese      |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Amharic       |
| <input type="checkbox"/> Mandarin   | <input type="checkbox"/> Burmese       |
| <input type="checkbox"/> Somali     | <input type="checkbox"/> Karen         |
| <input type="checkbox"/> Tagalog    | <input type="checkbox"/> Hatian/Creole |

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## BUSINESS INFORMATION

**Is this business open?:**  Yes  No

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

**Taxpayer ID (EIN):** \_\_\_\_\_

**DBA or Tradename:** \_\_\_\_\_

**Is the business open?:**  Yes  No

**Date the business opened:** \_\_\_\_\_

**Years in business:** \_\_\_\_\_

**Annual Revenue (gross sales):** \_\_\_\_\_

**Number of Full-Time Employees (35 or more hours per week – includes small business owner):** \_\_\_\_\_

**Number of Part-Time Employees (34 or less hours per week – includes small business owner):** \_\_\_\_\_

**Structure of Business:**  Commercial Property is Owned  Co-working / Shared Space

Limited Liability Company  Partnership (General and Limited)  No Legal Entity Designation

Other \_\_\_\_\_

**Business Location:**  Sole proprietor / Unincorporated  Corporation (S Corp, C Corp or other type)

Limited Liability Company  Partnership (General and Limited)  No Legal Entity Designation

Other \_\_\_\_\_

**NAICS Industry (select one option):**

Accommodation and Food Services (72)

Child Daycare Services (624410)

Management of Companies and Enterprises (55)

Real Estate Rental and Leasing (53)

Administrative and Support and Waste Management and Remediation Services (56)

Construction (23)

Educational Services (61)

Manufacturing (31-33)

Retail Trade (44-45)

Finance and Insurance (52)

Mining, Quarrying and Oil and Gas Extraction (21)

Transportation and Warehousing (48-49)

Agriculture, Forestry, Fishing and Hunting (11)

Health Care & Social Assistance (62)

Professional, Scientific and Technical Services (54)

Utilities (22)

Wholesale Trade (42)

Arts, Entertainment, and Recreation (71)

Information (51)

Other Services (81)

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### **Do you conduct business in a language other than English?**

Yes  No

### **If yes, in what language?**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Spanish    | <input type="checkbox"/> Loatian       |
| <input type="checkbox"/> Arabic     | <input type="checkbox"/> Korean        |
| <input type="checkbox"/> Swahili    | <input type="checkbox"/> Japanese      |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Amharic       |
| <input type="checkbox"/> Mandarin   | <input type="checkbox"/> Burmese       |
| <input type="checkbox"/> Somali     | <input type="checkbox"/> Karen         |
| <input type="checkbox"/> Tagalog    | <input type="checkbox"/> Hatian/Creole |

### **BUSINESS PRIMARY ADDRESS INFORMATION**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_

### **Select the one that best describes your business location:**

- Commercial property is owned
- Leased commercial space for the business
- Business is home-based (business is primarily operated out of my personal residence)
- Business is mobile (example: food truck, ride share, fishing boat)
- Co-Working / Shared Space
- Other \_\_\_\_\_

### **LMI Census Tract:**

- Very Low-Income (*below 30% of the HUD area median income for the larger metropolitan statistical area (MSA)*)
- Low-Income (*between 30% and 50% of the HUD area median income for the larger metropolitan statistical area (MSA)*)
- Moderate-Income (*between 50% and 80% of the HUD area median income for the larger metropolitan statistical area (MSA)*)
- Middle-Income (*between 80% and 120% of the HUD area median income for the larger metropolitan statistical area (MSA)*)
- Upper-Income (*above 120% of the HUD area median income for the larger metropolitan statistical area*)

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(MSA)

### Is this business certified?:

Yes  No

### Certified with the following designations:

- |   |  |
|---|--|
| <input type="checkbox"/> Disability-Owned Business Enterprise | <input type="checkbox"/> Veteran-Owned Business Enterprise |
| <input type="checkbox"/> LGBTQ+ Owned Business Enterprise     | <input type="checkbox"/> Woman-Owned Business Enterprise   |
| <input type="checkbox"/> Minority-Owned Business Enterprise   |  |

## TECHNICAL ASSISTANCE

### Select all applicable Technical Assistance you and your business are in need of:

- |  |  |
|--|--|
| <input type="checkbox"/> Start-Up Assistance             | <input type="checkbox"/> Managing a Business         |
| <input type="checkbox"/> Cash Flow Management            | <input type="checkbox"/> Government Contracting      |
| <input type="checkbox"/> Technology/ Computers/ Internet | <input type="checkbox"/> International Trade         |
| <input type="checkbox"/> Business Planning               | <input type="checkbox"/> Customer Relations          |
| <input type="checkbox"/> Tax Planning                    | <input type="checkbox"/> Franchising                 |
| <input type="checkbox"/> eCommerce                       | <input type="checkbox"/> Human Resources             |
| <input type="checkbox"/> Financing/ Capital              | <input type="checkbox"/> Business Accounting/ Budget |
| <input type="checkbox"/> Marketing/ Sales                | <input type="checkbox"/> Buy/ Sell a Business        |
| <input type="checkbox"/> Legal Issues                    | <input type="checkbox"/> Other: _____                |

### Nature of Assistance Sought:

- |  |   |
|--|---|
| <input type="checkbox"/> Paycheck Protection Loan/ Forgiveness | <input type="checkbox"/> Export Loan                    |
| <input type="checkbox"/> Covid Economic Injury Disaster Loan   | <input type="checkbox"/> Other Loan                     |
| <input type="checkbox"/> Restaurant Revitalization Fund        | <input type="checkbox"/> State/ Local Grant             |
| <input type="checkbox"/> Shuttered Venues Grant                | <input type="checkbox"/> Other Grant                    |
| <input type="checkbox"/> Other SBA Disaster Loans              | <input type="checkbox"/> SBA Contracting Certification  |
| <input type="checkbox"/> 7(a) Loan                             | <input type="checkbox"/> Assistance Starting a Business |
| <input type="checkbox"/> 504 Loan                              | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Microloan                             |   |

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**Have you applied for or received any SBA services in the last 5 years?**  Yes  No

**a. If yes, which program(s) (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> 7(a) Loan                             | <input type="checkbox"/> Other SBA Disaster Loans              |
| <input type="checkbox"/> Paycheck Protection Loan/ Forgiveness | <input type="checkbox"/> 7(a) Loan or 504 Loan Guaranteed Loan |
| <input type="checkbox"/> Covid Economic Injury Disaster Loan   | <input type="checkbox"/> 8(a) Certification                    |
| <input type="checkbox"/> Restaurant Revitalization Fund        | <input type="checkbox"/> Other Contraction Certification       |
| <input type="checkbox"/> Shuttered Venues Grant                | <input type="checkbox"/> Other (specify)                       |