

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?

Spanish

Loatian

Arabic

Korean

Swahili

Japanese

Vietnamese

Amharic

Mandarin

Burmese

Somali

Karen

Tagalog

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) |