



ASSISTANCE QUESTIONNAIRE

THE PROCESS

After contacting the SBDC at Blinn College, the next step is to complete all applicable parts of this questionnaire—section 1 and *either* section 2 or 3. The information you provide will be held in confidence and will aid our staff in assessing your individual needs. Shortly after returning this questionnaire, you will be called and a recommendation will be made for training and/or counseling.

WHO WE ARE

The SBDC at Blinn College is a well-established, respected, adequately-funded and capable member of the SBDC network, recognized by public and private sector entities as the preeminent provider of small business counseling, education and training.

Our mission is to help small businesses become established, grow, survive and succeed. We do that by providing professional management consulting and training, resulting in a positive economic impact on our service area.

Our purpose is to significantly reduce the failure rate of small businesses and to significantly improve their profits. We act as a professional management and technical assistance service. We target both start-up and existing businesses.

We are funded by Blinn College and the U.S. Small Business Administration, and we are a member of the University of Houston Small Business Development Center Network. Working with us will give you access to all SBDC Network and SBA resources.

STRATEGIC GOALS

Goal 1 - As a member of the University of Houston Small Business Development Center Network, we will provide high quality and innovative consulting and training services that maximize stakeholders' investment as measured by key client economic outcomes.

Goal 2 - As a member of the UH SBDC Network, we will provide high quality and innovative consulting and training services that maximize stakeholders' investment as measured by key client economic outputs.

Goal 3 - The UH SBDC Network will design and implement a Resource Development Plan that will focus on maintaining and increasing resources from state and federal sources, and developing opportunities to grow program income and other discretionary revenues.

COMMITMENT TO EDUCATION

Education requires commitment and is a lifelong endeavor. The SBDC at Blinn College is committed to do its best to help you in your pursuit. The pursuit is yours and deserves your commitment. We welcome you and are eager to help you.



Section I - Personal Information

Name _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Telephone _____
Home Work Fax

May we contact you by e-mail? Yes: _____ No N/A
E-mail address

How do you prefer to be contacted: Mail Phone E-mail Fax

When is the best time to contact you: Home Work Morning Afternoon Evenings

Present occupation _____

What areas of assistance are you seeking?

Financial Marketing Operations / Management All

Please describe your needs in detail, adding additional pages if needed: _____

Would you like notice of training seminars? Yes No

The SBDC at Blinn College seeks to provide business counseling and training without regard to race, color, sex, age, national origin, religion, disability, or any other constitutionally or statutorily impermissible reasons. It is funded in part through a cooperative agreement with the U.S. Small Business Administration. Funded in part by Blinn College. Arrangements for the physically handicapped are available upon individual request. Call Brazos Transit at 1-800-272-0039.

What is your gender?

Male Female

Are you of Hispanic origin?

Yes No

What is your reservist status?

National Guard
 National Grd - Active
 Reservist
 Reservist - Active
 None

In the past 2 years, have you received:

Aid to Families with Dependent Children (AFDC)?
 Temporary Assistance to Needy Families (TANF)?

What is your race?

Asian
 Black / African American
 Native Amer. or Alaskan
 Native Hawaiian or Pacific Islander
 White / Caucasian

What is your veteran status?

Service-disabled Vet
 Veteran
 Not a Veteran

Are you disabled?

Yes No

What is your age?

< 16
 16-20
 20-29
 30-39
 40-49
 50-59
 60-69
 > 69

Are you a U.S. citizen?

Yes
 No

If no, please give your alien registration number:

What level of education have you completed?

Some high school
 High school diploma
 Vocation / technical
 Some college
 Bachelor degree
 Some graduate courses
 Graduate degree

What is your annual household income?

Under \$15K
 \$16-30K
 \$31-45K
 \$46-60K
 \$61-75K
 \$76-100K
 Over \$100K

Section II ~ Start-Up Information

Complete this page only if you are NOT currently in business.

What type of business are you planning to start?

- Retail Service Wholesale Manufacturing
 Construction Agri-business Other _____

Describe your business idea: (Attach additional sheet, if needed.)

Will your business be:

- the start-up of a new business the purchase of an existing business

What legal form of organization do you propose for your business?

- Sole proprietorship Partnership Corporation L.L.C. Not sure

How many years of experience do you have in this type of business?

- Less than 1 year 1-3 years 4-5 years More than 5 years

What is your estimated start-up cost? _____

Do you anticipate a need for financing? Yes No

What is the estimated amount you have available to put into the business?

- Under \$5K \$5-9K \$10-24K \$25-49K \$50-99K
 \$100-149K \$150-199K \$200-249K \$250-500K Over \$500K

How many employees do you expect to have? _____ Full-time _____ Part-time

Do you expect to do international business? Yes No

Do you expect to do business on the internet? Yes No

Do you expect to use government contracting as a market? Yes No

Section III ~ Existing Business Information

Complete this page only if you ARE currently in business.

Business Name _____

Business Mailing Address _____

City _____ County _____ State _____ Zip _____

Business Location (if different than mailing address) _____

City _____ County _____ State _____ Zip _____

Business Phone _____ Fax _____

May we contact you by e-mail? Yes: _____ No N/A
E-mail address

Website URL: www. _____

Describe your business: _____

Did you: Start the business Buy the business Inherit the business
Start-up date: _____ Purchase date: _____ Date originally established: _____
_____/_____/_____

Is the business a:
 Sole Proprietorship Partnership Corporation L.L.C Other _____

What was your capital investment: \$ _____

Are you engaged in international trade?

Have you filed a DBA? Yes No Do you have a written business plan? Yes No
Yes No

What is your sales tax number? _____

How many employees do you have? _____ Full-time _____ Part-time

Do you do any employee training? Yes No Do you have written personnel policies? Yes No

What are your annual gross sales? \$ _____

What is the date of your most current financial statement? _____/_____/_____

Are you an SBA (Small Business Administration) client? Yes (ck. type) No Unsure
 Borrower Applicant 8 (a) Client Surety Bond COC (Certificate of Competency)

