

Last Name _____ First Name _____ Middle Initial _____

Telephone _____ Cell phone _____

Email _____ Website _____

Street Address _____ City _____ State _____ Zip _____

Name of Business _____ Date Started (MM/YYYY) _____

Currently in business? Yes No

Legal entity: LLC S-Corp Partnership Sole Proprietor Partnership Other: _____

Total number of employees (full & part time) _____ Are you currently exporting? YES NO

For most recent business year: Gross revenues/sales _____ Profit/loss _____ Gross export sales _____

What is the nature of assistance you are seeking?			
Start-up Assistance	Financing/Capital	Customer Relations	Government Contracting
Financial Projections	Business Plan	Employee Training	HR/Managing Employees
Managing a Business	Budgeting/Accounting	Operational Efficiencies	Tech Commercialization
Buy/Sell Business	Cash Flow Management	Operating Sustainably	Research & Development
Franchising	International Trade	Project Management	Corp Social Responsibility
Market Research	e-commerce	Leadership	

Business Classification		Business Size	Business Ownership	Veteran Status
Retail	Manufacturing	Small	Male	Veteran
Service	Construction	Disadvantaged Small	Female	Vietnam-era Veteran
Wholesale	Not Classified	Disadvantaged SBA 8(a)	Male/Female	Disabled Veteran
NAICS Code _____		Woman-owned, small	% Female= _____%	Active Duty
Type of Business (3-5 words):		Minority, small		Reserve
		Other than small		

Is business in a HUBZone? YES NO	Is business in Distressed Area? YES NO	Company DUNS#	Company CAGE code:
		Company FEIN:	Product Service Codes:
Date certified: _____			

I request to be a client and receive consulting service from the Nebraska Business Development Center, which is a resource partner with the Small Business Administration (SBA), the Defense Logistics Agency (DLA) and the Environmental Protection Agency (EPA). I understand that any information received by NBDC will be held in strict confidence to the extent allowable by law. I further understand that the NBDC consultant agrees not to (1) recommend goods or services from sources in which he/she has an interest, and (2) accept fees or commissions developing from this consulting relationship. In consideration of the consultant(s) furnishing technical assistance, I waive all claims against SBA, DLA, and EPA personnel and their Resource Partners and host organizations arising from this assistance. I agree to cooperate should I be selected to participate in surveys designed to evaluate the services I have received. *I permit SBA, DLA, or EPA or their agent to use my name and address for surveys.*

SIGNATURE OF REQUESTOR

DATE

BEFORE YOU CLOSE FILE!

SAVE completed form to your computer (File > Save as > Select folder > Name file)

ATTACH saved file to email and send to wjing@unomaha.edu

If you have problems with form or do not hear from a consultant within five business days, call (402) 554-6270