

**NEW YORK STATE DEPARTMENT OF ECONOMIC DEVELOPMENT  
ENTREPRENEURSHIP ASSISTANCE CENTER  
CLIENT INTAKE FORM**

**Center Name:** \_\_\_\_\_ **Program Year** 2021-22

**Intake Date:** \_\_\_\_\_ **Client Number:** \_\_\_\_\_

**Grant Program**

- EAC COVID19       Reimagine Workforce Preparation       COVID-19 Pandemic Small Business Recovery **X**  
 EAC Grant Program

**Business Information:**

**Company Name:** \_\_\_\_\_ **Tax ID No:** \_\_\_\_\_

- Stage of Business:**
- |                                                                                                   |                                                                                                    |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Thinking of Starting a Business                                          | <input type="checkbox"/> Currently own a business that has been in operation for 1 to 5 years      |
| <input type="checkbox"/> In Process of Starting or Acquiring a Business                           | <input type="checkbox"/> Currently own a business that has been in operation for more than 5 years |
| <input type="checkbox"/> Currently own a business that has been in operation for less than 1 year |                                                                                                    |
| <input type="checkbox"/> Business Saved                                                           |                                                                                                    |

- Form of Business:**
- |                                                             |                                                |
|-------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Sole Proprietorship Using Own Name | <input type="checkbox"/> Corporation - Regular |
| <input type="checkbox"/> Sole Proprietorship Filed DBA      | <input type="checkbox"/> S-Corporation         |
| <input type="checkbox"/> Partnership                        | <input type="checkbox"/> Corporation - LLC     |
| _____ Number of Partners                                    | <input type="checkbox"/> Unknown at this time  |

- Type of Business:**
- |                                  |                                        |                                                          |                                               |
|----------------------------------|----------------------------------------|----------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Retail  | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, Real Estate | <input type="checkbox"/> Unknown at this time |
| <input type="checkbox"/> Service | <input type="checkbox"/> Construction  | <input type="checkbox"/> Wholesale, Distribution         |                                               |

- Usable Business Plan**       Yes       No       Partial, Needs Work

**Client Information:**

**First,MI, Last:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Address 1:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Address 2:** \_\_\_\_\_ **County:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ **Website:** \_\_\_\_\_

- Gender**       Female       Male       Non-Binary       Other

- Age:**       18-24       25-30       31-40       41-50       51-60       61 +

- Highest Education Attained:**
- |                                             |                                                       |                                                    |
|---------------------------------------------|-------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Grade School       | <input type="checkbox"/> High School/GED              | <input type="checkbox"/> 4 Year Collage/University |
| <input type="checkbox"/> Junior High School | <input type="checkbox"/> Trade School / 2 Yr. College | <input type="checkbox"/> Graduate                  |
|                                             |                                                       | <input type="checkbox"/> Doctorate                 |

- Employment Status:**
- |                                                  |                                                  |                                            |
|--------------------------------------------------|--------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Employed Full Time      | <input type="checkbox"/> Self Employed Part Time | <input type="checkbox"/> Public Assistance |
| <input type="checkbox"/> Employed Part Time      | <input type="checkbox"/> Displaced Homemaker     | <input type="checkbox"/> Retired           |
| <input type="checkbox"/> Self Employed Full Time | <input type="checkbox"/> Unemployed              |                                            |

- Ethnicity/Race Group:**
- |                                                      |                                          |                                       |
|------------------------------------------------------|------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Black/Non-Hispanic          | <input type="checkbox"/> Native American | <input type="checkbox"/> Asian        |
| <input type="checkbox"/> Hispanic (other than Black) | <input type="checkbox"/> Black/Hispanic  | <input type="checkbox"/> Non-minority |

**# Of Counseling Matches (people, not meetings):** \_\_\_\_\_

- Designated Group/Status:**
- |                                            |                                              |                               |
|--------------------------------------------|----------------------------------------------|-------------------------------|
| <input type="checkbox"/> Veteran           | <input type="checkbox"/> Disabled Individual | <input type="checkbox"/> WBE  |
| <input type="checkbox"/> Dislocated Worker | <input type="checkbox"/> MBE                 | <input type="checkbox"/> MWBE |

Center Name: \_\_\_\_\_ Client No. \_\_\_\_\_ Program Year 2021-22

Business Status: (Facility)  Home based  Own Outside Facility  Rent Outside Facility  Unknown at This Time

Income Generated is:  Main Source of Income  Supplementary Income  Unknown at This Time

Old Client Number: \_\_\_\_\_

Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

MWBE CERTIFICATION STATUS:  Certified  Not Eligible  Application in Process  Certification Revoked  Certification Denied  Re-Cert Application in process  Have not Applied  Application Rejected

Additional Client Information - COVID19 & SBR Grant Only:

Client Type Program  New Enrollment Existing  Existing  EAC  CDFI  SBDC

Second Owner Name: \_\_\_\_\_ Email \_\_\_\_\_

Number of Employees: 2019 \_\_\_\_\_ 2020 \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 \_\_\_\_\_

Employees Retained \_\_\_\_\_ Number of New Hires \_\_\_\_\_

Sales: 2019 \_\_\_\_\_ 2020 \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 \_\_\_\_\_

Sales Variance 2020-21: \_\_\_\_\_ Business Saved

Date Business Started: \_\_\_\_\_

Empire State Digital Initiative - COVID19 Only  Referred Client to ESD Digital Initiative  Esty  Spotify  Square  Clearbanc  Ritual ONE

Financing Assistance - Non-EAC Grants

AMOUNT

Table with 4 columns: Grant Name, Submitted, Approved, Amount. Rows include NYS Small Business Recover Grant, SBA Restaurant Revitalization, SBA Shuttered Venue Operator Grant, SBA Disaster Loan, EIDL, PPP, PPP 2021, Small Business Debt Relief Program, CDFI, NYFL, and Other NYS Financing.

Additional Client Information - Reimagine Grant Only Salary: \_\_\_\_\_

I have provided the information herein, and understand that it will be kept confidential and will only be used for statistics purposes by Empire State Development Corporation and program staff to verify compliance with project goals and objectives.

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