



Ministries International
Showing God's loving kindness to thousands!

BUSINESS DEVELOPMENT INTAKE FORM

Date:	In order to make a determination of assistance, we ask that you fill out the information requested in this form.			
Contact Information				
Last Name:		First:		Middle:
Home Address:		Apt/Bldg:	City:	State: Zip Code:
Business Address:		Suite:	City:	State: Zip Code:
Home Phone:	Business Phone:	Cell Phone:	Fax Number:	Email Address:
My preferred mailing address is: Home address <input type="checkbox"/> Business address <input type="checkbox"/>				
Demographic Profile				
Race:		Gender:		Are You of Hispanic Origin?:
Veteran Status: Not a Veteran <input type="checkbox"/> Veteran <input type="checkbox"/>		Service Disabled Veteran <input type="checkbox"/>		Military Status/Branch of Service:
Are You a Person with Disability?:		If Yes, Do you need special assistance?:		Type of Assistance:
Business Profile				
Are you currently in business?:		If yes, business start date:		State business formed/operates in:
Type of Business:		Business legal structure:		Is it a home-based business?:
Number of full-time employees including owner:			Number of part-time employees:	
Current Licenses and Certifications				
Type:		Number:		State: Expiration Date:
Type:		Number:		State: Expiration Date:
Nature of Assistance				
Describe your business idea:				
What kind of assistance do you seek? (Check at least one or all that apply):				
Initial Consultation <input type="checkbox"/> Business Formation & Startup <input type="checkbox"/> Start-up Budgeting <input type="checkbox"/> Financial Planning <input type="checkbox"/>	Strategic Planning <input type="checkbox"/> Business Plan Development <input type="checkbox"/> Market Planning <input type="checkbox"/> Proposal Writing <input type="checkbox"/>	Payroll/Accounting <input type="checkbox"/> Management Training <input type="checkbox"/> Multi-Media Presentation <input type="checkbox"/> Technology <input type="checkbox"/>	International Trade <input type="checkbox"/> Training <input type="checkbox"/> Government Certifications <input type="checkbox"/> Other (Specify) <input type="checkbox"/> _____	

Client Agreement

I request business development consulting/assistance from Hesed Ministries International (HMI). I also agree to participate if selected in surveys designated to evaluate the effectiveness of services provide and for continuous improvement of those services based upon constituent's needs. I understand that any information received by an HMI representative will be held in strict confidence by the representative to the full extent allowable by law.

I further understand that any HMI representative has agreed not to recommend goods or services from sources in which he/she has an interest. Any donations or contributions offered to HMI in support of offsetting program expenses is welcomed and accepted but are not required to receive business development assistance. In consideration of HMI furnishing business development assistance, I agree to waive all claims against HMI personnel, affiliate organizations or other representatives arising from this assistance.

I _____ accept this agreement as stated.

Signature

Date

Availability

Indicated preferred date and best time for an appointment. *(We will do everything to accommodate your need but it cannot be guaranteed.)*

STATISTICAL INFORMATION

Hesed Ministries International, in recognition of its responsibility to employees, volunteers, and the community it serves, reaffirms its policy to assure fair and equal treatment in all of its practices, for all persons. Hesed Ministries International will not discriminate on the basis of race, color, religion, sex or national origin, or against any disqualified handicapped individual, disabled veteran or veteran of the Vietnam era. The following information is requested only to determine the diversity of our constituents.

While **completion is optional**, it would be most helpful to us as we monitor the complete record of our programs.

- Gender:** M F
- Veteran:** Yes No
- Disabled:** Yes No
- Marital Status:** Married Single Divorced Widowed
- Race/Ethnicity:** American Indian/Alaskan Native
Asian/Pacific Islander
Black/African American
Hispanic/Latino
Native Hawaiian/Other Pacific
White
Other: _____