

Small Business Assistance								
Contact Name:								
Company Name:								
Address:								
Phone:								
E-Mail:								
Source of Lead:								
New Business/Startup								
Describe your Business Idea:								
When do you plan to open?			How many employees?					
Who is your target customer?								
Do you have a written Business Plan?			Yes		No			
Have you organized your financing?			Yes		No			
Do you have Site Selected?			Yes		No			
Existing Businesses/	Expansion			•				
Length in Business:							Number of Employees	
Who is your typical customer?								
How do you market your business?								
What are your top challenges?								
Maintain/grow in next 1-3 years?								
Type of Assistance Requested								
Site Location Information			Industry Information Other					
Demographics			Competitor Information					
Customer Mailing Lists			Loan Information					
Notes:								