



Request for Assistance



Office Location:
 Mecklenburg County
 Office of Economic Development
 600 East Fourth Street
 2nd Floor Suite 226
 Charlotte, NC 28202
 Mon-Fri: 8 a.m - 5 p.m.

 Small Business Concierge **Small Business Lending & Coaching** **M/W/SBE**

Type of Contact: Face to Face Online Telephone

Date: _____

PART I: Client Intake:

Client Name (Last, First, Mi):		Email:	
Work Phone:		Fax Number:	
Primary:	Secondary:		
Street Address/PO Box (Give business address if currently in business)		City:	State:
		Zip:	

PART II: Client Intake: (To be completed by all Clents)

Race (Mark one or more): <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American		Client Ethnicity: <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Do you consider yourself a person with a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes
Veteran Status: <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Veteran	Military Status: <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty			
Are you currently in Business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Business: Name of business: _____ Business Stage: <input type="checkbox"/> Start-up; <input type="checkbox"/> New (1-3 yrs); <input type="checkbox"/> Growing (4-7 yrs); <input type="checkbox"/> Matured (over 7 yrs)		
Business Ownership: What percentage of your business is male or female owned? _____ % Male _____ % Female	Date Business Started: (MM/YYYY) _____	Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Home-Based Business? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total No. of Employees Full Time: _____ Part Time: _____	For your most recent full year, what were your: Gross revenues/Sales \$ _____ +Profits/-Losses \$ _____		What is the legal entity of your Business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____	
Describe specific assistance requested in the space provided (choose a primary category)				
<input type="checkbox"/> Start-up assistance (How do I start a small bus.) <input type="checkbox"/> Business Plan <input type="checkbox"/> Access to Capital <input type="checkbox"/> Financial (such as preparing a proforma) <input type="checkbox"/> Cashflow Management <input type="checkbox"/> Credit Coaching (improving credit score)	<input type="checkbox"/> Human Resources Needs <input type="checkbox"/> Customer Relations <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Managing Business <input type="checkbox"/> Tax Planning	<input type="checkbox"/> Marketing/Sales (promotion, Market research, Pricing, etc) <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> Franchising <input type="checkbox"/> Buy/Sell Business	<input type="checkbox"/> Technology/Computers <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Legal Issues (such as, should I incorporate?) <input type="checkbox"/> International Trade	
Other Assistance: _____				
Business Size: <input type="checkbox"/> Disadvantaged Small (<input type="checkbox"/> Not Certified <input type="checkbox"/> Certified SDB <input type="checkbox"/> SBA 8(a) Certified) <input type="checkbox"/> Minority-Owned Small <input type="checkbox"/> Large <input type="checkbox"/> Other Small		Company FEIN/EIN: _____	Is your company interested in becoming a vendor with Mecklenburg County? _____ Yes _____ No	
Is Business in a HUBZone: <input type="checkbox"/> No <input type="checkbox"/> Located in HUBZone Only <input type="checkbox"/> Certified HUBZone? Date Certified: _____				
Product Service Codes (PSCs): _____		Standard Industrial Classification SICs: _____	North American Industrial Classification (NAICS): _____	

CLIENT RIGHTS AND RESPONSIBILITIES

As a new client of the Mecklenburg County Office of Economic Development, you have certain rights and responsibilities:

You have a right to expect:

- Prompt, courteous, and professional services:
- and to be advised if the *Mecklenburg County Office of Economic Development* is unable to provide service within the time frame required. **Be aware that due to the demand for services, cases must often be prioritized by need, and training may be recommended before assistance is provided.**
- All information shared with the *Mecklenburg County Office of Economic Development* and any of its resources, to the extent allowed by law, will be held in strictest confidence. No information provided by you will be used to the commercial advantage of any staff member, consultant, or other resource of the *Mecklenburg County Office of Economic Development* or to the benefit of any third party.
- That your client status with the *Mecklenburg County Office of Economic Development* will remain confidential. No public use of your name, address, or business identity will be made without your prior approval. Be aware however, that Mecklenburg County is a governmental entity and must comply with North Carolina public records laws. These laws are found at G.S. 132.1 et. seq..

Our role is to provide assistance to small business owners and those planning to go into business. We will not make business decisions or judgments for you, though we will make recommendations and suggestions as appropriate. These will be based upon our best efforts to apply the experience and resources available to us to assist you in making your own business decisions.

The services provided to you are a part of an effort of the *Mecklenburg County Office of Economic Development* and its partner to respond to the growing needs of the small business community in an effort **to positively affect the economy of Mecklenburg County**. They are not intended to compete with, replace, or be a substitute for services available from the private sector. Clients whose needs can be more fully met by private sector practitioners or firms are encouraged to use those resources.

In consideration of the services offered by the *Mecklenburg County Office of Economic Development* you agree to waive all claims against the *Mecklenburg County Office of Economic Development*, and to hold harmless Mecklenburg County, its constituent institutions, elected officials, staff, or any other resources employed by or used in connection with these services. You will also be expected to cooperate with the *Mecklenburg County Office of Economic Development* in its efforts to assure the quality and effectiveness of the assistance offered.

For services provided you will be asked by the Mecklenburg County Office of Economic Development to complete a written evaluation of the services provided. In addition, all clients will be asked to complete an Economic Impact Verification form that documents the assistance provided by the *Mecklenburg County Office of Economic Development*. Finally, clients may receive direct inquiries from *Mecklenburg County Office of Economic Development*. Your response to all of these inquiries will be greatly appreciated.

REQUEST FOR CONSULTATION

Mecklenburg County Office of Economic Development Agreement:

I request business consultation service from the *Mecklenburg County Office of Economic Development*. I have read and understand the Client Rights and Responsibility Statement. I agree to cooperate should I be selected to participate in surveys designed to evaluate *Mecklenburg County Office of Economic Development* services.

I permit the *Mecklenburg County Office of Economic Development* to use of my name and address for surveys and information mailings regarding products and services (Yes No).

Subject to North Carolina Public Record's Laws, I understand that any information disclosed will be held in strict confidence. The *Mecklenburg County Office of Economic Development* will not sell your personal information to commercial entities. I authorize the *Mecklenburg County Office of Economic Development* to furnish relevant information to business resource/leveraging partners.

I further understand that *Mecklenburg County Office of Economic Development* agrees not to:

- 1) recommend goods or services from sources in which he/she has an interest, and
- 2) accept fees or commissions from this assistance.

In consideration of the *Mecklenburg County Office of Economic Development* furnishing management or technical assistance, I waive all claims against *Mecklenburg County, the Office of Economic Development* staff, and that of its Resource Partners and host organizations, arising from this assistance.

* _____
Client Signature

* _____
Date

* _____
Print Name

* _____
Mecklenburg County Office of Office of Economic Development Personnel Signature