

### Contact Information

Name:

Date of Birth:  Email:

Home Address:

City:  State:  Zip Code:

Primary Phone Number:  Secondary Phone Number:

### Demographic and Household Information

Veteran (Y/N):  Person w/ Disability (Y/N):  Native Country:

**Please select all categories that apply to you:**

- |   |   |
|---|---|
| <input type="checkbox"/> Arab/Persian/Middle Eastern                | <input type="checkbox"/> Multi-Racial                     |
| <input type="checkbox"/> Asian                                      | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> Hmong                                      | <input type="checkbox"/> Prefer not to answer             |
| <input type="checkbox"/> Black/African/African American             |   |
| <input type="checkbox"/> Hispanic/Latinx                            | <input type="checkbox"/> Male                             |
| <input type="checkbox"/> Native Alaskan/Indigenous American         | <input type="checkbox"/> Female                           |
| <input type="checkbox"/> Native Hawaiian and Other Pacific Islander | <input type="checkbox"/> Non-Binary/Gender Non Conforming |
| <input type="checkbox"/> White/Caucasian                            | <input type="checkbox"/> Other Gender Identity            |

**Do you need interpretation/translation support in receiving business assistance?**

Yes  No  MCCD is collecting this information to better serve clients with a range of English proficiencies. If MCCD is unable to meet your interpretation needs, we will do our best to pair you with a community partner who can.

**If yes, which language?**

**Please select your household size and income from the ranges below:**

MCCD uses this information for internal purposes and the information provided is confidential. MCCD reserves the right to verify income data by requesting tax records.

<input type="checkbox"/> 1 Person	<input type="checkbox"/> 2 People	<input type="checkbox"/> 3 People	<input type="checkbox"/> 4 People	<input type="checkbox"/> 5 People	<input type="checkbox"/> 6 People	<input type="checkbox"/> 7 People	<input type="checkbox"/> 8 People
<input type="checkbox"/> ≤ \$22,050	<input type="checkbox"/> ≤ \$25,200	<input type="checkbox"/> ≤ \$28,350	<input type="checkbox"/> ≤ \$31,450	<input type="checkbox"/> ≤ \$34,000	<input type="checkbox"/> ≤ \$36,500	<input type="checkbox"/> ≤ \$40,120	<input type="checkbox"/> ≤ \$44,660
<input type="checkbox"/> \$22,051 to \$36,750	<input type="checkbox"/> \$25,201 to \$42,000	<input type="checkbox"/> \$28,351 to \$47,250	<input type="checkbox"/> \$31,451 to \$52,450	<input type="checkbox"/> \$34,001 to \$56,650	<input type="checkbox"/> \$36,501 to \$60,850	<input type="checkbox"/> \$40,121 to \$65,050	<input type="checkbox"/> \$44,661 to \$69,250
<input type="checkbox"/> \$36,751 to \$55,950	<input type="checkbox"/> \$42,001 to \$63,950	<input type="checkbox"/> \$47,251 to \$71,950	<input type="checkbox"/> \$52,451 to \$79,900	<input type="checkbox"/> \$56,651 to \$86,300	<input type="checkbox"/> \$60,851 to \$92,700	<input type="checkbox"/> \$65,051 to \$99,100	<input type="checkbox"/> \$69,251 to \$105,500
<input type="checkbox"/> ≥ \$55,951	<input type="checkbox"/> ≥ \$63,951	<input type="checkbox"/> ≥ \$71,951	<input type="checkbox"/> ≥ \$79,901	<input type="checkbox"/> ≥ \$86,301	<input type="checkbox"/> ≥ \$92,701	<input type="checkbox"/> ≥ \$99,101	<input type="checkbox"/> ≥ \$105,501

**Business Information**

Are you seeking assistance for an existing business? Yes  No

Business Address:

City:  State:  Zip Code:

Industry:  Type of Business:

# of Full Time Employees:  # of Part Time Employees:

Legal Business Name:

Trade Name (dba):

Business Email:  Website:

Your % of Ownership:  Business Structure:

Additional Owner:  % of Ownership:

Date Business Established:  Previous Year Gross Revenues:

YTD Gross Revenue:

Please list the areas of business for which you would like assistance:

How did you find out about MCCD/Open to Business?

Please list other organizations with which you have consulted about your business:

I am requesting business advising and/or access to capital services from the Metropolitan Consortium of Community Developers (MCCD) through its Open to Business (OTB) Program. I authorize the disclosure of my information to MCCD OTB staff as part of the business advising process. I understand that the business advice provided as part of the OTB Program is sound general business advice. This advice does not replace my business judgment and experience when it comes to operating my business. In exchange for receiving business advising and access to capital services, I waive all claims now or in the future against MCCD, its staff, loan and board committee members, and funders relating to these advising services and I waive all claims now or in the future against MCCD, its staff, loan and board committee members, and funders relating to decisions whether to provide a loan, a loan modification and requests for additional capital.

I recognize that MCCD is dedicated to maintaining the confidentiality of all private client information, including, but not limited to, business data, business plans, and tax identification numbers. I understand that as an organization receiving financial support from foundations and state and federal agencies, MCCD may be required to document and share client information with public and nonprofit agencies as a condition of program funding. Such information will be treated as confidential by all parties and shared only to the extent required for program compliance, and not for further distribution.

Would you like to opt-in to receive emails from **MCCD/OTB** regarding **programming updates** and **business resources**?

Yes  No

Would you like to opt-in to receive emails from **your city/county** regarding **local business news** and **resources**?

Yes  No

Signature

Date