

_____ INTAKE FEE PAID

_____ MIP CUST. CODE

Intake Application

For Technical Assistance to Start-up and Existing Businesses

Information on this form is required in order to receive assistance & use the facility.

(Certain information will be provided to our funders: Federal, State, Local and Private as required.

Information is reported to our funders in terms of groups of clients, rather than individuals).

All information will otherwise be kept strictly confidential.

Name of main contact person _____

Business Associate(s) or Partner Name(s) and phone number(s):

Name _____ Phone(s) _____

Name _____ Phone(s) _____

Name _____ Phone(s) _____

Name _____ Phone(s) _____

Business Name _____

Main Contact Address _____

City _____ State _____ Zip _____

County _____

Business Phone _____

Home Phone _____

Other Phone _____

Fax _____

Email _____

Web Page _____

How did you find out about ACEnet?

We receive part of our funding from government grants that require us to demonstrate the impact of our efforts on the economy. The following questions serve as a basis for this determination. Our continued funding depends on our ability to collect this information. All information will be kept confidential. We do not report individual data to any government or private agency. All reports are aggregated and anonymous. Thank you for your cooperation.

Answering the questions on this page is strictly voluntary and exclusion of these questions will not determine your eligibility for ACEnet services.

Age:

☐ ≤ 25

☐ 26 – 40

☐ 41 – 55

☐ 56+

Ethnic Background:

☐ Black/African American

☐ Asian/Pacific Islander

☐ White/Caucasian

☐ Native American

☐ Hispanic or Latinx

☐ Other _____

Gender:

☐ Male

☐ Female

☐ _____ (fill in the blank)

Marital Status:

☐ Single

☐ Married

Highest Education Level:

☐ Some High School

☐ High School or GED

☐ Some College

☐ Associate Degree

☐ Bachelor Degree

☐ Graduate Degree

☐ Technical/Vocational School Certificate/Diploma

Veteran:

☐ Yes

☐ No

Main Source of Household Income:

☐ Self-Employment

☐ Working for Someone Else

☐ Public Assistance

☐ Other _____

Individual Gross Income Last Year: (If you do not know your yearly income please multiply this month's gross income by twelve)

☐ Under \$11,770

☐ \$11,770 - \$16,242

☐ \$16,243 - \$17,655

☐ \$17,656 - \$23,540

☐ \$23,541 - \$29,425

☐ \$29,426 - \$35,310

☐ \$35,311 - \$47,080

☐ > \$47,080

Business Experience History

Have you ever owned a business before? ☐ No ☐ Yes

If you **have not owned** a business before, go to page 4.

If you have owned or currently own a business, describe the products/services and where they were made/sold or provided:

Start Date of Operations _____

How many individuals are/were employed by the business? (Include yourself) _____

Which form of ownership best characterizes your business: (*check one*)

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Subchapter S |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Producers' Co-op | <input type="checkbox"/> Worker-owned |
| <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Other (specify) _____ |

Indicate your annual sales: (*check one sales level per year*)

Last Year	This Year	Projected Next Year
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- | | | | |
|--------------------------|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Under \$5,000 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$5,000 - \$25,000 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$25,000 - \$100,000 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$100,000 - \$250,000 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Over \$250,000 |

New Business Information:

What kind of business do you want to operate?

What products do you want to make, or what services do you want to provide?

Have you made or sold this product / provided this service before? ☐ No ☐ Yes

If yes, where and when: _____

Business Support for New or Existing businesses:

What kind of business support do you need? *(Please check all that apply)*

General Technical Assistance :

- ☐ Business Plan Writing
- ☐ Marketing
- ☐ Access to Capital Assistance
- ☐ Accounting/Bookkeeping
- ☐ Product Formulation
- ☐ Product Distribution
- ☐ Product Label Design & Regulations

Incubation Services:

- ☐ Office Space
- ☐ Storage Rental
- ☐ Copier/Color Copier/Scan
- ☐ Use of Conference Room

Food and Beverage Clients

Do you wish to use the shared-use kitchen facility?

☐ No ☐ Yes (*Please check all areas below that you might use*)

☐ General Kitchen/Catering

☐ Dry Storage

☐ Thermal Processing Room

☐ Frozen Storage

☐ Baking/Prepared Food Area

☐ Refrigerator Storage

☐ Food Packaging Room

☐ Secured Cage Storage

☐ Labeling/Lot coding

Is there any other information you would like to share at this point?

Services Confidentiality Agreement

The following confidentiality agreement is made between ACEnet Inc. and

_____ (referred to as “Company”), for ACEnet Inc. to provide the following service(s):

ACEnet staff will make every effort to keep confidential any information not otherwise generally available to the public that it may receive from the Company in connection with this Agreement regarding the business and affairs of said business.

In particular, ACEnet Inc. will not knowingly disclose to any third party any ingredient, formulation, processing, or financial information on any product made by the Company without the express written consent of said Company. This agreement does not cover: (i) any disclosure required by applicable law or regulation or (ii) any use or disclosure of information that was (A) already known to or in the possession of ACEnet Inc. at the time of receipt from the Company, (B) in the public domain without disclosure by the Company, or (C) obtained by ACEnet, Inc. from an independent source or otherwise developed independently from the Company, or (D) obtained from the Company on the Intake Application in an area marked for disclosure to ACEnet's funders.

ACEnet Inc. Representative

Business Representative

Date _____

Date _____

Services Disclaimer Agreement

All technical advice, professional assessment, financial analysis and/or product services (collectively referred to as “business services”) provided by ACEnet, Inc., or any officers, staff, trustees, or other agents of ACEnet, Inc. are provided solely for the purpose of assisting _____ (referred to as “Company”) in the operation of its business. ACEnet, Inc. makes no representations, warranties or guarantees that the business services provided will result in the success of the Company.

All business services are provided with the full understanding and acknowledgement that the principal(s), owner(s), employees or other agents of the Company are solely and completely at freedom to accept or reject any business services, and that the principal(s) or owner(s) alone are in control of the Company and its success or failure.

The Company’s principal(s) or owner(s) understand(s), acknowledge(s) and agree(s) that ACEnet, Inc. and any officers, staff, trustees, or other agents of ACEnet, Inc. shall not be liable to the Company or its principal(s) or owner(s) for any damages resulting from the use of or reliance upon the business services provided by ACEnet, Inc.

Signed: _____ Title: _____

_____ Title: _____

_____ Title: _____

Date: _____

Before your application can be processed, please read and sign below

I request technical assistance (i.e., business coaching & product development services) from the Appalachian Center for Economic Networks, Inc. (ACEnet). By signing below, I acknowledge that the information I have provided is true and accurate to the best of my knowledge.

If selected for business assistance, I agree to provide the Appalachian Center for Economic Networks, Inc. (ACEnet) with all necessary requested information as a condition of my assistance and as long as I am receiving assistance. I expect that this information will be shared only with those organizations, foundations and governing bodies that provide funding to ACEnet as allowed by law.

Signature of prospective client

Date