

SMALL & MINORITY-OWNED BUSINESS ASSISTANCE PROGRAM

PARTICIPATION REQUEST AND INFORMATION RELEASE FORM

1. Name:		1a. Date:	
2. Day Phone:		3. Night Phone:	4. E-mail:
5. Address:		6. City:	7. State:
8. Zip:	9. County:		10. Fax:
11. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip to 15)		12. Year Business Started:	
13. Name of Business:			
14. Type Business: <input type="checkbox"/> Service <input type="checkbox"/> Commercial/Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional Services <input type="checkbox"/> Other Describe			
15. Race: (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other			
16. Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> None Hispanic	17. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	18. disability:	
19. Are you a <input type="checkbox"/> New business <input type="checkbox"/> Existing business <input type="checkbox"/> Expanding business <input type="checkbox"/> Not in business yet		20. If you are not currently in business, what type of business do you want to pursue?	
21. SIC/NAIC Code (if known)		22. Are you a U. S. Citizen	
23. How did you learn about this program (Check below)			
<input type="checkbox"/> SMOB Lending Organization	<input type="checkbox"/> Magazine	<input type="checkbox"/> Bank	
<input type="checkbox"/> TSBDC	<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Educational Institution	
<input type="checkbox"/> Other SMOB Client	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Word of Mouth	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Internet	<input type="checkbox"/> Other (please specify) _____	
24. Is this a minority-owned (51% or greater) business?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a woman-owned (51% or greater) business?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, is this a Male/Female (50%/50%) business?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. For your most recent full business year, what were your parent and/or your company: Gross Revenues/Sales \$ Profits/Losses \$			
26: What is the formation of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other (please specify)			
27. Total No. of Employees	Full time,	Part-time,	Seasonal, Temporary
28. What is the nature of assistance you are seeking? <input type="checkbox"/> Loan <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Both		29. If Loan, For what amount? \$ For what purpose?	
30 Is This a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. If Technical Assistance, what area? <input type="checkbox"/> Start-up Assistance <input type="checkbox"/> Human Resources/Managing People <input type="checkbox"/> Marketing Sales <input type="checkbox"/> Business Plan <input type="checkbox"/> Customer Relation <input type="checkbox"/> Government Contracting	<input type="checkbox"/> Financing/Capital <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Franchising <input type="checkbox"/> Managing a Business <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Buy/Sell Business	<input type="checkbox"/> Technology/Computers <input type="checkbox"/> Tax Planning <input type="checkbox"/> eCommerce <input type="checkbox"/> Legal Issues <input type="checkbox"/> International Trade <input type="checkbox"/> Other	
I/we certify that all statements made are true and complete and that we understand that the information provided will be shared with program technical assistance and/or lending organizations and therefore authorize the release of this information and all other information provided to and/or by organizations participating with the SMOB Assistance Program.			
Name:		Name:	
Title:		Title:	
Date:		Date:	

Small & Minority Owned Business Assistance Program
Client Financial Strength
Self-Assessment

The Tennessee Small & Minority-Owned Business Assistance Program (SMOB) is intended to target those new, expanding and existing businesses in Tennessee that do not have reasonable access to capital markets and traditional commercial lending facilities. While the program is designed to be an alternative to the traditional lender, it is not a grant nor a loan program with no expectation of repayment. To assist the business and potential lenders in determining the probability the business could receive a loan based on financial strength, the following self-assessment should be completed and returned to the Program Administrator along with the Request for Participation Form.

		YES	NO
1	Do you have personal funds to invest in the business?	<input type="checkbox"/>	<input type="checkbox"/>
2	If this is a new business start-up, do you have Profit & Loss experience gained through working for another similar business?	<input type="checkbox"/>	<input type="checkbox"/>
3	If not, does the proposed new business have another party in an ownership interest who does have Profit & Loss experience?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have previous working knowledge and experience in the kind of business you wish to start?	<input type="checkbox"/>	<input type="checkbox"/>
5	If not, is there another party with ownership interest who does have working knowledge and experience in this kind of business?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you (or others in ownership) have tangible personal or real property to pledge as collateral for the requested loan?	<input type="checkbox"/>	<input type="checkbox"/>
7	If you are an existing business, do you have sufficient cash flow to service monthly payments on requested loan?	<input type="checkbox"/>	<input type="checkbox"/>
8	Is your pro forma revenue reasonable and verifiable based on industry averages (if start-up), prior growth, or new/pending contracts?	<input type="checkbox"/>	<input type="checkbox"/>
9	Are all business owners willing to provide personal (and spousal) guarantees?	<input type="checkbox"/>	<input type="checkbox"/>
10	In addition to the client, if necessary, is/are qualified guarantor(s) other than the borrower available, if needed?	<input type="checkbox"/>	<input type="checkbox"/>