



**CLIENT INTAKE FORM**

First name:

Last Name:

Email:

Phone:

Street address:

City:

State:

Zip Code:

Sault Tribe File #:

Gender:  Male  Female Preferred Pronouns:

Do you consider yourself a person with a disability?  Yes  No

Veteran status:  Yes  No Branch:

How did you hear about Sault Tribe Thrive?

I (client) request business counseling services from the Sault Tribe Thrive Resource Partner. I understand that any information disclosed will be held in strict confidence (Sault Tribe Thrive will not provide your personal information to comerrical entities). I authorize Sault Tribe Thrive to furnish relevant information to the assigned coordinator(s). I further understand that the coordinator(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against Sault Tribe Thrive personnel, and that of its Resource Partners and host organizations, arising from this assistance.

**Use of Information:** The information in this form is to be provided by individuals and businesses seeking business assistance services from Sault Tribe Thrive or a Resource Partner. The information is collected to help Sault Tribe Thrive’s continuing improvement of business assistance programs, to ensure effective oversight and management of entrepreneurial development programs and grants and to meet Congressional and Sault Tribe reporting requirements. Resource Partners will submit information to Sault Tribe Thrive according to the terms of their notice of award.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Do you have a developed business plan?  Yes  No
2. Would you like additional support in developing a business plan?  Yes  No
3.  Established Business  Concept in Development  Expansion Opportunities
4. Name of business:
5. Business start date:
6. Business website:
7. Type of business (please check one):  Service  Goods  Hybrid
8. Type of business entity:  sole proprietorship  LLC,  Corporation,  
 other:
9. Short description of business:
  
10. Annual projected revenue:
11. Total number of employees:
12. Areas of needed business support:  
 Brick & Mortar  Equipment  Labor  Training  
 Other
13. Amount of support you are asking for: \$
14. Do you have matching capital or additional funding sources you are working with:  
 No  Yes      Amount Secured:
15. Would you like to be included in the Sault Tribe Thrive Business Directory that has both  
print and digital publications?  Yes  No
16. Anything that may be relevant or helpful in advancing your mission that may be  
important for us to know?

Thrive Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_