



## CLIENT INFORMATION

Your Name

Home Address

City

State

Zip

Personal Phone

Personal Email

## ADDITIONAL CLIENT INFORMATION (OPTIONAL)

Gender:  Female  Male  Prefer not to say

Preferred Pronouns:

Have you or a member of your immediate household served in the military?  Yes  No

Do you consider yourself a person with a disability?  Yes  No  Prefer not to say

Sault Tribe ID File #:

How did you hear about Sault Tribe Thrive?

## AGREEMENT

*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 commercial entities). I authorize Sault Tribe Thrive to furnish relevant information to the assigned coordinators(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

# BUSINESS INFORMATION



SAULT TRIBE  
**thrive**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Email: \_\_\_\_\_

Business Website: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Do you import or export goods? Yes / No

### Select what stage you are in with your business:

- Concept in Development/Startup       Established Business       Expansion Opportunities

### Select your business type:

- Goods     Services  
 Hybrid

### Select your business entity type:

- Sole Proprietorship     LLC  
 Corporation             Other(Describe) \_\_\_\_\_

### Brief description of business or business idea:

Annual Projected Income: \_\_\_\_\_ Total number of Employees: \_\_\_\_\_

### Anything that may be relevant or helpful in advancing your mission that may be important for us to know?

\_\_\_\_\_  
Thrive Representative Signature

\_\_\_\_\_  
Date