FOUR WINDS
Diversified Project

Southwest Business Development Consultants LLC
Prepare For Success

New Mexico Indian Affairs Department

DM NM
Data Management of New Mexico

Client Assessment & Intake Form

Entrepreneur Training and Support for New Mexico Tribal Citizens and Communities

Funded by the New Mexico Indian Affairs Department
Administered by Southwest Business Development Consultants, LLC and Data Management of New Mexico, LLC

Purpose. This assessment helps the Four Winds Project understand your business goals, training interests, and technical-assistance needs. Your responses will be used to provide relevant services and measure program results. Training and assistance are provided at no cost to participants.

Section 1 Participant Information

1. Full name

_____

2. Preferred name

_____

3. Email address

_____

4. Primary telephone number

_____

5. Preferred method of contact

☐ Email ☐ Telephone ☐ Text message

6. Mailing address

_____

_____

7. City or community

_____

8. County

_____

9. ZIP code

_____

10. Tribal affiliation

_____

11. Tribal community, Pueblo, reservation, or service area where you reside

_____

12. Are you currently residing in New Mexico?

☐ Yes ☐ No

13. Age range Optional

☐ Under 18 ☐ 18–24

☐ 25–34 ☐ 35–44

☐ 45–54 ☐ 55–64

☐ 65 or older ☐ Prefer not to answer

14. Do you require an accommodation to participate in Zoom training or receive technical assistance?

☐ No

☐ Yes Please describe: _____

Section 2 Entrepreneurial or Business Status

15. Which statement best describes your current status?

☐ I am exploring a business idea.

☐ I am preparing to start a business.

☐ I recently started a business.

☐ I own an established business.

☐ I am restarting or reorganizing a business.

☐ I represent a tribal enterprise or organization.

☐ I am interested in entrepreneurship but do not yet have a business idea.

☐ Other: _____

16. Business name, if applicable

_____

17. Business location

_____

18. Is the business located on tribal or reservation land?

☐ Yes ☐ No

☐ Not yet established ☐ Unsure

19. Briefly describe your business idea, products, or services

_____

_____

_____

20. Primary industry

☐ Agriculture or food production ☐ Arts, jewelry, crafts, or creative industries

☐ Construction or skilled trades ☐ Consulting or professional services

☐ Education or training ☐ Food service or hospitality

☐ Healthcare or wellness ☐ Manufacturing

☐ Retail or e-commerce ☐ Technology

☐ Tourism or recreation ☐ Transportation

☐ Other: _____

21. If your business is operating, when did it begin?

_____

22. Current business structure

- ☐ Not yet established
- ☐ Limited liability company
- ☐ Corporation
- ☐ Tribal enterprise
- ☐ Unsure
- ☐ Sole proprietorship
- ☐ Partnership
- ☐ Nonprofit organization
- ☐ Other: _____

23. Does the business currently have employees?

- ☐ No employees
- ☐ 1–2 employees
- ☐ 3–5 employees
- ☐ 6–10 employees
- ☐ More than 10 employees
- ☐ Not applicable

24. Approximate annual business revenue Optional

- ☐ Pre-revenue or not yet operating
- ☐ Less than $25,000
- ☐ $25,000–$49,999
- ☐ $50,000–$99,999
- ☐ $100,000–$249,999
- ☐ $250,000 or more
- ☐ Prefer not to answer

25. Is the business currently registered or licensed? Select all that apply.

- ☐ New Mexico business registration
- ☐ Tribal business registration or license
- ☐ Federal Employer Identification Number
- ☐ New Mexico Business Tax Identification Number
- ☐ Professional or occupational license
- ☐ Local business license
- ☐ None
- ☐ Unsure
- ☐ Other: _____

Section 3 Business Planning and Readiness

26. Do you currently have a written business plan?

- ☐ Yes Complete and current
- ☐ Yes It needs to be updated
- ☐ I have started one
- ☐ No
- ☐ Unsure what a business plan should include

27. Have you completed market research?

- ☐ Yes
- ☐ No
- ☐ Some preliminary research
- ☐ Unsure how to conduct market research

28. Have you identified your primary customers?

- ☐ Yes
- ☐ Partially
- ☐ No

29. Have you estimated your start-up or expansion costs?

- ☐ Yes
- ☐ No
- ☐ Partially
- ☐ Not applicable

30. Do you maintain business financial records?

- ☐ Yes Using accounting software
- ☐ Yes Using spreadsheets or manual records
- ☐ No
- ☐ Not yet operating
- ☐ I need assistance establishing a bookkeeping system

31. Do you maintain a separate business bank account?

☐ Yes ☐ No ☐ Not yet operating

32. Have you established prices for your products or services?

☐ Yes ☐ Partially

☐ No ☐ I need assistance with pricing

33. Do you currently market your business? Select all that apply.

☐ Website ☐ Social media

☐ Online marketplace ☐ Printed materials

☐ Community events ☐ Referrals or word of mouth

☐ Paid advertising ☐ No current marketing

☐ Other: _____

Section 4 Training and Technical Assistance Needs

34. Which areas of assistance would be most helpful? Select all that apply.

☐ Evaluating a business idea ☐ Business-plan development

☐ Market research ☐ Business registration and legal structure

☐ Tribal business licensing ☐ Tax and regulatory requirements

☐ Budgeting and financial projections ☐ Bookkeeping and accounting

☐ Pricing products or services ☐ Access to capital or financing

☐ Grant and loan readiness ☐ Marketing and branding

☐ Website and social-media development ☐ Government contracting

☐ Business certifications ☐ Proposal and bid preparation

☐ Business growth and job creation ☐ Technology and e-commerce

☐ Individual business counseling ☐ Other: _____

35. Please identify your three highest-priority needs

_____

_____

_____

36. What is the greatest challenge preventing you from starting or growing your business?

_____

_____

_____

37. Have you previously received business training or counseling?

☐ Yes ☐ No

If yes, please briefly describe: _____

38. Are you currently working with another business-assistance organization?

☐ No
☐ Yes Organization: _____

39. Would you like individual technical assistance following the webinars?

☐ Yes ☐ No ☐ Maybe I would like more information

Section 5 Access to Capital

40. Do you anticipate needing financing within the next 12 months?

☐ Yes To start a business
☐ Yes To expand an existing business
☐ No
☐ Unsure

41. Estimated amount needed

☐ Less than $5,000
☐ $5,000–$24,999
☐ $25,000–$49,999
☐ $50,000–$99,999
☐ $100,000 or more
☐ Unsure
☐ Not applicable

42. What type of financing are you interested in? Select all that apply.

☐ Personal savings
☐ Business loan
☐ Microloan
☐ Line of credit
☐ Grant
☐ Investor financing
☐ Crowdfunding
☐ Tribal financing program
☐ Unsure

43. What assistance do you need to become financing-ready?

☐ Business plan
☐ Financial projections
☐ Credit preparation
☐ Loan-package preparation
☐ Identification of funding sources
☐ Bookkeeping or financial statements
☐ Other: _____

Section 6 Government Contracting

44. Are you interested in selling products or services to government agencies or tribal entities?

☐ Yes ☐ No ☐ Unsure

45. Is your business registered in the federal System for Award Management SAM.gov?

☐ Yes
☐ No
☐ Registration in progress
☐ Unsure
☐ Not applicable

46. Which certifications or registrations interest you? Select all that apply.

☐ Tribal preference certification
☐ Navajo Nation Business Source List
☐ Indian Economic Enterprise certification
☐ SBA 8(a) Business Development Program
☐ Women-Owned Small Business
☐ HUBZone Program

☐ Veteran-Owned Small Business
☐ Minority Business Enterprise
☐ State or local vendor registration
☐ Unsure
☐ Other: _____

Section 7 Participant Goals and Baseline Assessment

47. What is your primary business goal for the next six months?

_____
_____
_____

48. What specific result would make this program valuable to you?

_____
_____
_____

49. Please rate your current level of knowledge.

Business area	No knowledge	Limited	Moderate	Strong	Very strong
Business planning	☐	☐	☐	☐	☐
Market research	☐	☐	☐	☐	☐
Business registration	☐	☐	☐	☐	☐
Financial management	☐	☐	☐	☐	☐
Access to capital	☐	☐	☐	☐	☐
Marketing	☐	☐	☐	☐	☐
Government contracting	☐	☐	☐	☐	☐
Technology and e-commerce	☐	☐	☐	☐	☐

50. How confident are you in your ability to start or grow a business?

☐ 1 Not confident
☐ 2 Slightly confident
☐ 3 Moderately confident
☐ 4 Confident
☐ 5 Very confident

Section 8 Zoom and Technology Readiness

51. Which device will you primarily use for training?

☐ Desktop computer
☐ Laptop computer
☐ Tablet
☐ Smartphone
☐ Unsure

52. Do you have reliable internet access for Zoom webinars?

☐ Yes ☐ Sometimes ☐ No

53. Are you comfortable using Zoom?

☐ Yes ☐ Somewhat ☐ No I would like assistance

54. What days and times are generally best for you? Select all that apply.

☐ Weekday mornings ☐ Weekday afternoons

☐ Weekday evenings ☐ Saturday mornings

☐ Saturday afternoons

Section 9 Certification and Consent

Participant certification. I certify that the information provided is accurate to the best of my knowledge. I understand that Four Winds Project services are provided at no cost. I authorize SWBDC and DMNM to use this information for program administration, training, technical assistance, performance measurement, and required reporting to the New Mexico Indian Affairs Department. Public reports will generally use combined program data and will not disclose confidential business information without authorization, except as required by law or contract.

55. Consent to participate and receive program communications

☐ I agree.

56. Permission to contact me for follow-up surveys and outcome reporting

☐ Yes ☐ No

57. Optional permission to contact me about a potential testimonial or success story

☐ Yes ☐ No

Participant signature: _____ Date: _____

Internal Program Use Only

Participant identification number	_____
Date received	_____
Reviewed by	_____
Eligibility status	☐ Eligible ☐ Additional information needed ☐ Referred to another resource
Business stage	☐ Exploration ☐ Start-up ☐ Existing business ☐ Growth or expansion
Priority service category	_____
Assigned advisor	_____
Follow-up date	_____
Notes	_____

Privacy reminder: Do not collect Social Security numbers, tribal enrollment numbers, banking information, tax returns, or other sensitive documents through this initial assessment.