



INTAKE CONTACT INFORMATION

Company Name: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone—Office: _____ Phone—Mobile: _____

Email: _____ Website: _____

Ethnicity: _____ In-Take Date: ____/____/____
mm dd yyyy

Socially or Economically Disadvantaged Individual? ☐ Yes ☐ No

Are you a Service-Disabled Veteran? ☐ Yes ☐ No

Business Type: ☐ Corporation ☐ Partnership ☐ Limited Liability Partnership

☐ S Corporation ☐ Sole Partnership ☐ Limited Liability Corporation

☐ Other: _____

State of Incorporation: _____ NAICS Code(s): _____

Brief Company Description: _____

Number of Employees: Full-Time: _____ Part-Time: _____ Minority: _____

Last Fiscal Year's Revenue: \$ _____ Interim Sales: \$ _____ Export? ☐ Yes ☐ No

Annual Export Sales: \$ _____ Largest Contract Value: \$ _____

Certification Type: ☐ MBE ☐ WBE ☐ SBE ☐ 8(A) ☐ HUB ZONE ☐ DBE ☐ SDVOSB

I hereby certify that the above information is true and complete: _____

Client Signature

Date

FOR INTERNAL USE ONLY

Client Referred: _____

Processing MBDA Business Center Location _____

MBDA and/or MBDA Business Center Staff Member: _____

Signature: _____ Date: _____

RETURN COMPLETED FORM TO:

MINORITY BUSINESS DEVELOPMENT AGENCY BUSINESS CENTER

Medgar Evers College | 1150 Carroll Street, Room 405-A | Brooklyn, NY 11225

Phone: (877) 352.2116 | Fax: (347) 736.1341 | jkennedy@olimilifestylemanagement.org

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