



Date	
Referred by	Phone

Company

Company Name			
Address			
City	State	Zip	

Owner

Majority Owner's Name	Male/Female Race/Ethnicity Veteran Status
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List additional owners, if any, below

Contact Information

Telephone	Work	Cell	Other
Email Address			

Company History

Start Date
Number of Employees ___FT ___PT
Business Structure
Business Industry
Gross Sales for previous year

Eligibility Criteria

Traded Sector	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Gross Sales Prior Year \$1M-\$50M	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Growth in 3 of last 5 years in				
Gross Sales	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Net Profit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Net Employment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10-100 Employees	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has not previously or is not currently receiving GO services	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has not previously or is not currently receiving specialized services from existing economic gardening programs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Other Pertinent Information

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