



Do you have children ages 0-5 years old?  Yes  No

Are you receiving TANF?  Yes  No

Business/Product Description: \_\_\_\_\_

Type of Business: (please choose a primary category)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Mining              | <input type="checkbox"/> Public Administration                         | <input type="checkbox"/> Management of Companies & Enterprises         |
| <input type="checkbox"/> Utilities           | <input type="checkbox"/> Education Services                            | <input type="checkbox"/> Agricultural, Forestry, Fishing & Hunting     |
| <input type="checkbox"/> Information         | <input type="checkbox"/> Real Estate, Rental & Leasing                 | <input type="checkbox"/> Administrative & Support                      |
| <input type="checkbox"/> Construction        | <input type="checkbox"/> Health Care & Social Assistance               | <input type="checkbox"/> Waste Management & Remediation Services       |
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Accommodation & Food Services                 | <input type="checkbox"/> Other Services (except Public Administration) |
| <input type="checkbox"/> Manufacturing       | <input type="checkbox"/> Arts, Entertainment & Recreation              |  |
| <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Transportation & Warehousing                  |  |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Professional, Scientific & Technical Services |  |

What is the nature of the assistance you are seeking: (Please mark all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Start-up Assistance                | <input type="checkbox"/> Marketing/Sales        |
| <input type="checkbox"/> Business Plan                      | <input type="checkbox"/> Government Contracting |
| <input type="checkbox"/> Financing/Capital                  | <input type="checkbox"/> Franchising            |
| <input type="checkbox"/> Managing a Business                | <input type="checkbox"/> Buy/Sell Business      |
| <input type="checkbox"/> Human Resources/Managing Employees | <input type="checkbox"/> Technology/Computers   |
| <input type="checkbox"/> Customer Relations                 | <input type="checkbox"/> eCommerce              |
| <input type="checkbox"/> Business Accounting/Budget         | <input type="checkbox"/> Legal Issues           |
| <input type="checkbox"/> Cash Flow Management               | <input type="checkbox"/> International Trade    |
| <input type="checkbox"/> Tax Planning                       |   |

Describe specific assistance requested in the space provided: \_\_\_\_\_

How did you hear about us?

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> SBA              | <input type="checkbox"/> IEWBC Client | <input type="checkbox"/> Chamber of Commerce               |
| <input type="checkbox"/> Bank             | <input type="checkbox"/> Magazine     | <input type="checkbox"/> CSUSB                             |
| <input type="checkbox"/> Business Owner   | <input type="checkbox"/> Internet     | <input type="checkbox"/> Local Economic Development Office |
| <input type="checkbox"/> Television/Radio | <input type="checkbox"/> Newspaper    | <input type="checkbox"/> Other: _____                      |

*I request business management counseling service from the IEWBC. The purpose of this session is to request assistance from the Inland Empire Women's Business Center a cooperative program between IECE and the U.S. Small Business Administration. I agree to cooperate if I am selected to participate in survey designated to evaluate WBC / SBA assistance services. I authorize the IEWBC to furnish relevant information to the assigned management advisor(s) although I expect that information to be held in confidence.*

*I further understand that any counselor has agreed not to: recommend goods or services from sources in which he/she has an interest, and accept fees or commission developing from this counseling relationship.*

*In consideration of the counselor furnishing management or technical assistance, I waive all claims against SBA, Score, California State University San Bernardino, WBC, IECE, and its host organizations, and any Counselor I receive assistance from arising from this assistance.*

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

## SELF-CERTIFICATION FORM

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Please Print

Head of Household: Yes  No  Male  Female

Please circle the Household size and check mark total annual income for the Household from **all sources**.

Number in Household	30% of Median (Extremely Low)	50% of Median (Low Income)	80% of Median (Moderate Income)	N/A
1	<input type="checkbox"/> \$14,000 or less	<input type="checkbox"/> \$14,001-\$23,300	<input type="checkbox"/> \$23,301-\$37,300	<input type="checkbox"/> \$37,301 and up
2	<input type="checkbox"/> \$16,000 or less	<input type="checkbox"/> \$16,001-\$26,650	<input type="checkbox"/> \$26,651-\$42,650	<input type="checkbox"/> \$42,651 and up
3	<input type="checkbox"/> \$18,000 or less	<input type="checkbox"/> \$18,001-\$29,950	<input type="checkbox"/> \$29,951-\$47,950	<input type="checkbox"/> \$47,951 and up
4	<input type="checkbox"/> \$20,000 or less	<input type="checkbox"/> \$20,001-\$33,300	<input type="checkbox"/> \$33,301-\$53,300	<input type="checkbox"/> \$53,301 and up
5	<input type="checkbox"/> \$21,600 or less	<input type="checkbox"/> \$21,601-\$35,950	<input type="checkbox"/> \$35,951-\$57,550	<input type="checkbox"/> \$57,551 and up
6	<input type="checkbox"/> \$23,200 or less	<input type="checkbox"/> \$23,201-\$38,650	<input type="checkbox"/> \$38,651-\$61,850	<input type="checkbox"/> \$61,851 and up
7	<input type="checkbox"/> \$24,800 or less	<input type="checkbox"/> \$24,801-\$41,300	<input type="checkbox"/> \$41,301-\$66,100	<input type="checkbox"/> \$66,101 and up
8	<input type="checkbox"/> \$26,400 or less	<input type="checkbox"/> \$26,401-\$43,950	<input type="checkbox"/> \$43,951-\$70,350	<input type="checkbox"/> \$70,351 and up

**Please check the appropriate racial category:**

Are you of Hispanic Ethnicity? Yes  No

If Yes, Specify: Mexican/Chicano  Cuban  Puerto Rican  Other

Single Race Categories		Multiple Race Categories	
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	American Indian or Alaska Native and White
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Asian and White
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Black or African American and White
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	American Indian or Alaska Native and Black or African American
<input type="checkbox"/>	White	<input type="checkbox"/>	Other
<input type="checkbox"/>	Other		

I certify under penalty of perjury that the above information is true and accurate, and that supporting documentation can be provided upon request.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The Inland Empire Women's Business Center (IEWBC) is pleased to have assisted you in your quest for achieving small business success.

To continue providing business assistance via one-on-one business consulting, training workshops, and mentoring to small businesses in Riverside and San Bernardino counties we rely on your help to verify the IEWBC economic impact in this region. Statistical numbers are then provided to our various funding sources to secure our funding for the upcoming year.

If the assistance that was provided to you (attending workshops, one-on-one business consulting or mentoring) was helpful in achieving economic success, please indicate the type and amount of economic impact that was a result of our assistance.

Business start-up	Date _____
Bought or Sold business	Amount _____
Increased Sales	Amount _____
Decreased expenses	Amount _____
Improved cash flow	Amount _____
Improved Profit	Amount _____
Obtained business loan	Amount _____
Obtained equity financing	Amount _____
Obtained line of credit	Amount _____
Obtained Government Contract	Amount _____
Created jobs	Number of jobs _____
Retained existing jobs	Number of jobs _____
Owner's equity/injection	Amount _____
Business Plan Completed	_____
Marketing Plan Completed	_____
Estimated gross sales	_____

I agree to release case statistics regarding the above information. Please check box:

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

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_