

The Edge Connection Application

Part 1

Name

First

Middle

Last

Email

Phone Numbers

Work

Home

Mobile

Fax

Address

Street

City

State

Zip

County of Residence

Gender

- Male
 Female

Website

Marital Status

- Single
 Married
 Separated
 Divorced

Name
of your
business

Birthdate

Month Day Year

I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services

- Yes
 No

I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(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 SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance.

What type of assistance are you seeking?

- Face to Face
 Online
 Telephone

Preferred date & time for appointment Date: _____ Time: _____	Client Signature _____	Date: _____
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Race (mark one or more) <ul style="list-style-type: none"> <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White 	Ethnicity <ul style="list-style-type: none"> <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin 	Do you consider yourself a person with a disability? <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Veteran Status <ul style="list-style-type: none"> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> 	Military Status <ul style="list-style-type: none"> <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty
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What inspired you to contact us? (mark all that apply)

<ul style="list-style-type: none"> <input type="checkbox"/> SBA <input type="checkbox"/> Other Client <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Bank <input type="checkbox"/> Magazine <input type="checkbox"/> Educational Institution <input type="checkbox"/> Business Owner 	<ul style="list-style-type: none"> <input type="checkbox"/> Internet <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> Television/Radio <input type="checkbox"/> Newspaper Which newspaper? _____ <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other (specify) _____
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What is the nature of counseling you are seeking? (Choose primary category)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Start-up Assistance
(How do I start a small business?) | <input type="checkbox"/> Human Resources/
Managing Employees | <input type="checkbox"/> Marketing/Sales
(promotion, market research, pricing, etc.) | <input type="checkbox"/> Technology/
Computers |
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Customer Relations | <input type="checkbox"/> Government Contracting
(including certifications) | <input type="checkbox"/> eCommerce
(using the Internet to do business) |
| <input type="checkbox"/> Financing/Capital
(such as applying for a loan, building equity capital) | <input type="checkbox"/> Business Accounting/
Budget | <input type="checkbox"/> Franchising | <input type="checkbox"/> Legal Issues
(such as, Should I incorporate?) |
| <input type="checkbox"/> Managing a Business | <input type="checkbox"/> Cash Flow Management | <input type="checkbox"/> Buy/Sell Business | <input type="checkbox"/> International Trade |
| | | <input type="checkbox"/> Tax Planning | |

Describe specific assistance requested in the space provided.

Who could we call to find you if your contact information was no longer valid? A friend? A relative? Choose someone who seems to keep the same phone number year after year.

Name	Relationship	Phone
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Employment Status. Choose one.

- Unemployed
- Employed by someone else part time
- Employed by someone else full time
- Employed part time and working your business
- Employed full time and working your business
- Working business only--part time (less than 35 hours per week)
- Working business only--full time (more than 35 hours per week)
- Retired

If you live in Fulton County, do you live in:

- North Fulton
- City of Atlanta
- South Fulton
- N/A

If you are employed, what is your hourly wage?

- _____
- N/A

Are you currently looking for employment?

- Yes
- No

What is your spouse's employment status?

- N/A
- Spouse unemployed
- Spouse retired
- Spouse employed part time
- Spouse employed full time
- Spouse self-employed part time
- Spouse self-employed full time

Are you currently operating a business?

- No
- Yes, a start up business (less than 12 months)
- Yes, an on-going business, (more than 12 months)

If you do not have a business, what is your business idea?

What is your highest educational level? Choose one.

- Some high school
- GED
- High school diploma
- Some technical or vocational training
- Some college
- Technical or vocational degree
- Associates Degree
- Bachelor's Degree
- Master's Degree
- JD
- Doctorate

What country were you born in?

If you were born outside of the United States, are you

- A Permanent resident
- A U.S. citizen
- Other _____
- N/A

What is your ethnicity according to the following choices?

- African American
- Asian
- Hispanic
- White
- Other

What is your ethnicity according to the following choices?

- Black/African American
- Asian
- White
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- American Indian/Alaskan Native and White
- Asian and White
- Black/African American and White
- American Indian/Alaskan Native and Black/African American
- Other multi racial

How many are in your household? Count yourself and all others who share your income. Do not count roommates with separate finances.

Are you a graduate of Kennesaw State University?

- Yes
- No

How many dependent children reside in your household?

Computer Access

- Own a computer
- Have access to a computer
- Have no access to a computer

Please mark every source of income for your household.

Computer Skills

- No experience
- Novice
- Basic
- Intermediate
- Advance
- Expert

- TANF
- SSI
- Other Social Security
- Pension
- General Assistance
- Unemployment
- Child support
- Employment + other sources
- Employment only
- Parental support or family assistance
- Other _____
- No income

Health Insurance, primary source

- No health insurance
- Health insurance through employment
- Health insurance through spouse's employment
- Medicaid
- Medicare
- Private insurance
- Other source

What is your total **annual personal** income? Do not include spouse's income, child support, payments of SSI to children, etc. This is your income alone: gifts, employment, earnings from your business, disability benefits, retirement etc.

Is spouse covered by health insurance?

- Yes
- No
- N/A

What is your total **annual household income**? Include all sources that contribute to the family income.

Are children covered by health insurance?

- Yes
- No
- N/A

Do you currently receive any kind of public assistance? Mark all that apply.

- Food stamps
- Medicaid
- Medicare
- Other

Total amount you have saved in the last 12 months.

Have you ever received TANF (welfare) payments?

- No never
- Yes, currently receiving TANF
- Within the last 2 years
- 2-5 years ago
- 6-10 years ago
- More than 10 years ago

If you currently receive TANF, what is your TANF number?

Special Circumstances. Please Mark all that apply

- Relocated due to Katrina
- Lost or losing job due to closure of military base
- Vocational Rehab Client

Do you currently receive Social Security Disability Benefits for yourself?

- Yes
- No

Are you the head of your household?

- Yes
- No

Are you a single parent?

- Yes
- No

Housing type

- Rent
- Own
- Subsidized
- Public
- Homeless

To be completed by staff.

HUD Income

- Extremely low income <= 30% of median
- Very Low income <= 50% of median
- Low-income <= 80% of median
- Income exceeds 80% of median

HHS Income

- Income is <= 100% of poverty
- Income is <= 130% of poverty
- Income is <= 150% of poverty
- Income is <= 200% of poverty
- Income exceeds 200% of poverty

I, the undersigned, hereby certify that the information I have provided on all pages of this application is complete and accurate to the best of my ability. I understand that providing false or incomplete information in this application may be fraudulent and would be a reason for denying participation in The Edge Connection's programs. It is further understood and agreed that I give The Edge Connection permission to release confidential information to funding sources and community partners. I also understand The Edge Connection is required by funding sources to track the progress of businesses serviced by its training programs by obtaining follow-up information from me for up to 3 years.

Applicant Signature

Date

If you own a business, please fill out The Edge Connection Application Part 2

Application, Refunds, and Cancellation Policies Classes

Consultation

Prior to any class registration or consultation appointment a **completed** and **signed** application, complete with ID and income verification must be on file with The Edge Connection.

If income verification documentation is not provided, the consultation appointment fee will be **\$60.00** per hour payable by cash, credit card, or money order payable at time of service.

If ID in the form of a valid driver's license, state ID, birth certificate, social security card or notarized certification of citizenship status is not on file, we cannot, by Georgia State Law, provide services. No appointments will be made.

The Edge Connection requires a 24-hour notice for the cancellation of a consultation appointment. A Graduate of TEC that missed one appointment will lose (1) consultation of (12) consultations Less than 24 hours will result in a "no show" status and the next appointment will be scheduled four weeks and the first missed appointment a \$10 fee will apply. Any appointment missed after the first missed appointment will be charged 1/2 of the assessed consultation fee, if an appointment is missed entirely without notification.

The fee for *Exploring Entrepreneurship* is \$40.00 if paid prior to the first day of class and \$55.00 if paid the day of class. This fee is not refundable. If you cannot attend the class you need to register and pay for a later *Exploring Entrepreneurship* class.

The fee for *Plan for Profit* is based on a sliding scale according to your household income. (Please see attached sliding scale) This fee is refundable until two weeks prior to class. If you cancel your registration for the class after this time, the fee is not refundable, nor does it transfer to a later class. If you pay your fee within the two weeks before class begins and then decide to cancel your registration, payment is not refundable, nor does it transfer to a later class.

An application processing fee of \$10.00 will apply upon receipt.

I have read the above and understand the policies.

Signed: _____

Date: _____