



Enrollment Form

202 W. Superior St., Suite 311
Duluth, MN 55802

Complete this form ONLY IF requested by an E Fund staff member.
Email completed form to info@entrepreneurfund.org

EF Staff Initials: _____
OMB Approval #3245-0324
Expiration Date: 10/31/2020

CLIENT INFORMATION

| | | | |
|---|--|---|--|
| Full Name (Last, First, MI): | | Date of Birth: | |
| Email: | | Phone #: | |
| Mailing Address (include City, Zip & County): | | | |
| Race (Check all that apply): African-American American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Island White | | | |
| Ethnicity: Hispanic or Latino NOT Hispanic or Latino | | Gender: Male Female | |
| Do you consider yourself a person with a disability? Yes No | | | |
| Veteran Status: Veteran Non-Veteran Service-Disabled Veteran | | Military Status: Reserve/Nat'l Guard Active Duty Neither | |
| Are you a single or separated woman with at least one dependent? Yes No | | | |
| How many adults and children live in your household (including yourself)? | | | |
| What is your Adjusted Gross Income (combined annual income, including all members of household)? | | | |
| Referred by: | | What is the nature of the counseling you are seeking? | |
| Are you currently in business? Yes No (If Yes, please continue below) | | | |

BUSINESS INFORMATION

| | | | |
|--|--|--|--|
| Legal Business Name: | | Type of Business: | |
| Business Physical Address (include City, Zip & County): | | | |
| Business Email: | | Business Phone: | |
| What is your role in the business? Owner/Employee Owner Only Employee Only | | | |
| How many people does the business employ? Full Time # Part Time # | | | |
| Date of Business Formation: | | First Year of Tax Filing: | |
| Square footage of Location? | | Does the Business Lease its place of operation? Yes No | |
| Business Ownership: % Male % Female % Minority | | | |
| Business Legal Structure: LLC Corporation S-Corp Sole Proprietor Partnership Other (specify) | | | |
| Is this a home-based business? Yes No | | Are you 8(a) Certified? Yes No | |
| Do you conduct business online? Yes No | | | |
| <i>To satisfy program funder requirements, please answer questions below based on year-end information:</i> | | | |
| What were the Business's Gross Receipts or Sales? | | | |
| What % of the product was exported out of Northern MN or Douglas County, WI? | | | |
| (SBA) If the business exported out of the US, what was the Gross Revenue/Sales related to exporting? | | | |
| (SBA) How many employees were involved in exporting out of the US? | | | |
| (SBA) I permit SBA the use of my name and address for surveys and information mailings regarding SBA products and services: Yes No | | | |

Signature: _____ **Date:** _____

Prior to signing, please see reverse page for EF/SBA use of information.

BY SIGNING, I REQUEST SERVICES FROM THE ENTREPRENEUR FUND (EF), A SMALL BUSINESS ADMINISTRATION (SBA) RESOURCE PARTNER:

- I understand information disclosed will be held in strict confidence; EF/SBA will not provide personal information to commercial entities.
- I agree to participate in program surveys that evaluate EF/SBA services. I authorize EF/SBA to furnish relevant information to assigned staff.
- I understand the advising staff will not:
 - 1) recommend goods or services from sources he/she has an interest in or
 - 2) Accept fees or commissions developing from this advising relationship. In consideration of management or technical assistance provided, I waive all claims against EF/SBA and its resource partners and host organizations arising from this assistance.
- Information provided is used to report to funders, many who require that the EF serve specific populations. I understand for some programs and services, I will need to furnish EF with personal, household and business income to satisfy funder requirements. I certify that information regarding my income is accurate and complete. I authorize EF to verify the income information provided and share with funders for reporting purposes.

Warning: Section 1001 of Title 18 of the United States Code (Criminal Code and Criminal Procedure) shall apply to the foregoing certification. Title 18, provides among other things, that whoever, knowingly and willingly makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

Note: The estimated burden for completing this form is 18 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: US Small Business Administration, 409 3rd St, SW, Washington, DC 20416, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC, 20503. OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB.