Juneau Economic Development Council

Fax 907-463-3929
Tel 907-463-3662

Request for Counseling

JEDC provides confidential business counseling and technical assistance free to low to moderate-income entrepreneurs by appointment. JEDC also serves higher income clients, but hourly or project fees may be charged. Our ability to provide free services may depend on funding, but there is no charge for the initial consultation. If you bring the following information to the first meeting (business plan, recent financial statements and tax returns, product brochures, and any other information that will help us understand your long and short-term goals) we can accomplish a great deal in our initial session. In order to fulfill funders' reporting requirements, and to serve you better, we need the information below. You may elect not to answer certain questions; but this may inhibit our ability to provide free services.

Your Name (Last, First, MI)

Day Phone Mssg Phone Fax

E-Mail

Home Mailing Address (Street/PO Box, City, State, Zip)

Company Name

Company Tax ID Number

Company Physical Address (Street, City, State, Zip)

Company Mailing Address (Street/PO Box, City, State, Zip)

Your Age
- ❑ 21-30 ❑ 31-40
- ❑ 41-50 ❑ 51-60
- ❑ Over 60

Ownership:
- ❑ Male ❑ Female
- ❑ Male & Female

Education (highest attained)
- ❑ Non High School Grad
- ❑ High School Grad/GED
- ❑ Some College
- ❑ College Degree
- ❑ Some Graduate School
- ❑ Graduate Degree

Veteran Status
- ❑ Veteran
- ❑ Vietnam-Era Veteran
- ❑ Disabled Veteran
- ❑ Not a Veteran

Background/Race
- ❑ Amer. Indian/AK Native
- ❑ Asian/Pacific Islander
- ❑ Black ❑ White
- ❑ Other

Background/Ethnicity
- ❑ Hispanic Origin
- ❑ Not of Hispanic Origin

- ► How would you rate your credit? ❑ Excellent ❑ Average ❑ Poor ❑ Prior Bankruptcy (date filed _____)
- ► Marital Status: ❑ Single ❑ Married
- ► Total annual household income (gross) including all immediate family members. _____
- ► Number dependents in your household, including yourself? _____
- ► Do you have a written business plan? ❑ Yes ❑ No
- ► Do you have a business license? ❑ Yes ❑ No
- ► Date business operations started _____ (MM/YY)

- ► How many employees (including yourself) does your business have now?
  _____ Full Time _____ Part Time
  _____ Seasonal
- ► How did you learn of our counseling services/who referred you? _____

Type of Business
- ❑ Retail
- ❑ Service
- ❑ Wholesale
- ❑ Construction
- ❑ Manufacturing
- ❑ Other: _____

Legal Entity
- ❑ Sole Proprietorship
- ❑ Partnership
- ❑ S Corporation
- ❑ C Corporation
- ❑ LLC
- ❑ Other: _____

Please indicate the nature of the service and/or counseling you are seeking:
- ❑ Business Start-Up
- ❑ Accounting/Payroll
- ❑ Buy/Sell a Business
- ❑ Product Development
- ❑ Marketing/Sales
- ❑ Manufacturing Issues
- ❑ Financing
- ❑ Regulatory/Environmental
- ❑ Other _____

Office Use Only:
Client # _____ Intake Staff Initials: _____

❑Qualified $_____
❑Not Qualified Low/Moderate income threshold

I request business/financial consulting from the Juneau Economic Development Council (JEDC). I agree to cooperate should I be selected to participate in surveys designed to evaluate JEDC's business assistance services and do document economic impacts of JEDC's work. In consideration of JEDC's furnishing consulting and/or technical assistance, I hereby waive all claims against JEDC and its personnel arising from its consulting and technical assistance.

_____ Signature

_____ Date