



## Request for Technical Assistance / Counseling

KPEDD offers counseling and technical assistance to the citizens of the Kenai Peninsula Borough. These services are paid in part by the Kenai Peninsula Borough and the State of Alaska, the Department of Community and Economic Development. For reporting purposes and monitoring the program, we need the following information. You may elect not to answer certain questions.

<b>Part One: Personal Information</b>		Your age	Veteran Status		
Your name (Last, First, MI)		<input type="checkbox"/> 18-30	<input type="checkbox"/> Veteran		
		<input type="checkbox"/> 31-40	<input type="checkbox"/> Vietnam Vet.		
		<input type="checkbox"/> 41-50	<input type="checkbox"/> Disabled		
Day Phone or Msg. Phone		<input type="checkbox"/> 51-60	<input type="checkbox"/> Not a Vet		
		<input type="checkbox"/> Over 60			
		Gender	Race		
E-mail Address		<input type="checkbox"/> Female	<input type="checkbox"/> AK Native		
		<input type="checkbox"/> Male	<input type="checkbox"/> Am. Indian		
		Education	<input type="checkbox"/> African Am		
Mailing Address		<input type="checkbox"/> Non-HS Grad.	<input type="checkbox"/> Caucasian		
		<input type="checkbox"/> HS Graduate	<input type="checkbox"/> Hispanic		
		<input type="checkbox"/> Some College	<input type="checkbox"/> Asian		
		<input type="checkbox"/> Vocational	Are you a US Citizen?		
Social Security Number		<input type="checkbox"/> College Grad.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Graduate Degree			
		<input type="checkbox"/> Other			
<b>Part Two: Business Information- if you already have</b>					
Company Name		Type of Business	Legal Entity		
		<input type="checkbox"/> Retail	<input type="checkbox"/> Sole Proprietorship		
		<input type="checkbox"/> Wholesale	<input type="checkbox"/> Partnership		
Tax ID Number – if any		<input type="checkbox"/> Construction	<input type="checkbox"/> S Corporation		
		<input type="checkbox"/> Manufacturing	<input type="checkbox"/> C Corporation		
		<input type="checkbox"/> Service	<input type="checkbox"/> LLC		
Do you have a business license?		<input type="checkbox"/> Other	<input type="checkbox"/> Other		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of employees:			
<b>Part Three: Financial Information</b>					
Annual Personal Income		Credit History: (A is excellent)			
		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
<b>Part Four: Counseling Information</b>					
Please state the Nature of the counseling or technical Assistance you are seeking					
		How did you learn of KPEDD?			
<input type="checkbox"/> Business Start-up	<input type="checkbox"/> Sources of Capital	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Radio		
<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> Product Development	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Newspaper		
<input type="checkbox"/> Selling/Purchasing a Business		<input type="checkbox"/> Website	<input type="checkbox"/> Bank		
<input type="checkbox"/> Accounting	<input type="checkbox"/> Technology	<input type="checkbox"/> Chamber of C.	<input type="checkbox"/> Other:		
<b>Part Five:</b>					
I request technical assistance and or counseling from KPEDD. I agree to participate in surveys designed to evaluate KPEDD services. I authorize KPEDD to furnish relevant information to third parties such as lending institutions and other counseling organizations (SBDC) if necessary. I understand these services are free of charge and all information will be held in strict confidence. In consideration for these services, I waive all claims and hold harmless KPEDD, KPEDD's funding sources and KPEDD's personnel. I have answered these questions to best of my knowledge.					
Signature			Date		