



# CompuRecycling Center, Inc (CRC)

Business Technology Complex

11719 George Abraham Blvd \* Greenville MS 38703

Telephone: 662 335 2060 \* Fax: 662 335 2013

Growing  
Connecting  
Supporting

## Technical Business Support (TBS) & Business Assessment Intake

**FREE Services**

Funding Source: \_\_\_\_\_

1. Office Providing the Service \_\_\_\_\_ 1a. Type of Client:  Face to Face  Online  Telephone/Conference  Zoom
2. City/State of Office Location \_\_\_\_\_

### Part I: Client Request for Professional Technical Business Support - Complete entire form

3. Client Name (Representative of the business) (Last, First, MI)		4. Email	
5. Telephone Primary		6. Fax	
7. Street Address/PO Box (give business address if currently in business)		8. City	9. State
		10. Zip +4	
11. I am requesting professional technical business support from DSU BAC		YES	NO
12. Preferred Date and Time for Appointment Date: _____ Time: _____		13. Client Signature _____	
		14. Date: _____	

### Part II: Client Intake Section (Client must complete entirely prior to services)

15. Race (mark only one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African America <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		16. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		17. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		18. What is the legal entity of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other (specify) _____	
19a. Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran		19b. Are You Registered With Secretary of State of Mississippi? <input type="checkbox"/> Yes <input type="checkbox"/> No					
20. Referred by (Choose only one) <input type="checkbox"/> DSU Office <input type="checkbox"/> Local Economic Development Office <input type="checkbox"/> Educational Institution <input type="checkbox"/> DSU Website		<input type="checkbox"/> SCORE <input type="checkbox"/> Other Client <input type="checkbox"/> Business Owner <input type="checkbox"/> Lender		<input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Television		<input type="checkbox"/> Internet (please indicate website) _____ <input type="checkbox"/> Other (specify) _____	
21. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No		22. Type of Visit: <input type="checkbox"/> New Client <input type="checkbox"/> Follow-up client					
23. Legal Name of Business _____							
24. Type of Business (choose primary category) <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate/Rental/Leasing <input type="checkbox"/> Professional, Technical Services <input type="checkbox"/> Restaurant <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care <input type="checkbox"/> Construction <input type="checkbox"/> Technology <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Retail Trade <input type="checkbox"/> Educational Services <input type="checkbox"/> Other _____						25a. Total No. of Employees (Full & PT) Full: ____ / Part: ____ 25b. Are you registered with MDA Women & Minority Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No 25c. Are you registered with SBA HubZone Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Do you have a Business Social Media Presence? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Date Business Started? (MM/YYYY)		28. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No		29. Do you have a website? <input type="checkbox"/> Yes <input type="checkbox"/> No	
30. What is the nature of professional technical business support 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, 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, etc.)		<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"/> COVID-19 Relief Options	
Describe specific assistance requested in the space provided _____							