



# Coronavirus Relief Program

The mission of the **Coronavirus Relief Program** is to assist minority owned businesses in urban and rural areas with understanding and taking advantage of resources and services made by local, state, and federal government agencies.



Intake Form		
<b>Contact Information</b>		
<b>Company Name</b>	<b>Telephone Number</b>	<b>Ext.</b>
<b>Contact Name &amp; Title</b>	<b>Fax Number</b>	
<b>Mailing Address</b>	<b>Mobile Phone</b>	
<b>Address Line 2</b>	<b>E-mail Address</b>	
<b>City/State/Zip</b>	<b>Website</b>	
Who is your point of contact? (Leave blank if not applicable)		
How did you hear about the Missouri MBDA Business Center?		
<b>Demographic Information</b>		
<b>Ethnicity of Majority Business Ownership</b>  <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian and Pacific Islander <input type="checkbox"/> Latino <input type="checkbox"/> Native American, Eskimo and Aleut <input type="checkbox"/> Other	<b>Gender of Majority Business Ownership</b>  <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female (50/50)  <b>Is your company a <u>certified</u> Minority Owned Enterprise (MBE) and/or DBE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No AGENCY: <input type="checkbox"/> MidStatesMSDC <input type="checkbox"/> ChicagoMSDC <input type="checkbox"/> City of St. Louis <input type="checkbox"/> State of MO OEO <input type="checkbox"/> MoDOT <input type="checkbox"/> SBA(8) <input type="checkbox"/> Other	
<b>Business Information</b>		
<b>Date Established</b>	<b>Are you Registered with System for Award Management (SAM) (Formerly CCR)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Dun and Bradstreet Number</b>		
<b>What is your current business status?</b> <input type="checkbox"/> Pre-venture <input type="checkbox"/> Start-up (generated revenue for 3 years or less) <input type="checkbox"/> Established (generated revenue for more than 3 years)  <b>Please check all that apply to you and your business.</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability <input type="checkbox"/> Family-Owned <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Privately-Held <input type="checkbox"/> Corporation <input type="checkbox"/> Publicly-Held  In what state is your company incorporated? _____	<b>What industry best describes your business?</b> <input type="checkbox"/> Bio-Tech <input type="checkbox"/> Service <input type="checkbox"/> Construction <input type="checkbox"/> Service – Daycare <input type="checkbox"/> Entertainment <input type="checkbox"/> Service – Financial, Insurance <input type="checkbox"/> Environmental <input type="checkbox"/> Service – Food Prep, Catering, Restaurant <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Service – Healthcare <input type="checkbox"/> Manufacturer – Food Products <input type="checkbox"/> Service – Real Estate <input type="checkbox"/> Media/Publishing <input type="checkbox"/> Service – Salon, Spa <input type="checkbox"/> Research & Development <input type="checkbox"/> Technology <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale/Distributor <input type="checkbox"/> Other  Please describe your product or service. _____ _____ _____	
<b>How many employees does your company have (including you)?</b> (Leave blank if not yet in business) _____ Full-time Employees _____ Part-time Employees		
<b>NAICS codes:</b> _____ <span style="float: right;">For help visit: <a href="http://www.naics.com/search.htm">http://www.naics.com/search.htm</a></span>		
<b>What is your current revenue range?</b> (Leave blank if not yet in business)		
<input type="checkbox"/> \$1 - \$1,000,000	<input type="checkbox"/> \$10,000,000 - \$20,000,000	<b>What are the dollar amounts of your three largest contracts?</b>
<input type="checkbox"/> \$1,000,000- \$5,000,000	<input type="checkbox"/> \$20,000,000 - \$50,000,000	\$ _____
<input type="checkbox"/> \$5,000,000 - \$10,000,000	<input type="checkbox"/> Over \$50,000,000	\$ _____

Please e-mail your completed form to the Coronavirus Relief Program – [taylor@missourimbdcenter.com](mailto:taylor@missourimbdcenter.com)

## NEW CLIENT VETTING FORM

The purpose of this questionnaire is to better understand your business goals and how MBDA can better serve your Company's needs.

1. What is your purpose for working with the MBDA Business Center? (your business needs)
2. What are the 3 largest contracts obtained by your company in the past three years?
3. Please provide the company yearly revenue for the past three years.
4. Please provide the number of employees currently employed by your company?
5. If your Company is certified please provide documentation that indicate your standing with your certifying body.
6. If your company has produced a product in which you would like MBDA Business to help you either manufacture the product or to introduce to corporations; please provide the following documentation:
  1. The product has been tested, provide the results of the testing.
  2. If the product is a Patent, please provide the documentation.
  3. If the product has FDA approval, please provide the documentation with the batch number.



Please note that CMSDC will not sell your information to other companies. However, in order for us to offer low or no cost services we are required to report to our funding sources general information about the companies we serve. We do not give them proprietary information, details pertaining to operations, and/or trade secrets.

**MINORITY ENTERPRISE SELF-CERTIFICATION**

(This is a Self-certification only and is for the purpose of the MBDA Business Center only)

"I certify that I represent a Minority Business Enterprise. MBDA defines a Minority Business Enterprise as a business which is owned or controlled by socially or economically disadvantaged persons who are members of one of the following eligible groups: African Americans, Aleuts, Asian Indians, Asian Pacific Americans, Eskimos, Hasidic Jews, Native Americans, Puerto Ricans, and other Spanish-Speaking Americans. I understand that false certification may result in a fine or imprisonment under applicable Federal law."

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Signature	Print Name	Date
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**PRIVACY NOTICE**

The information entered in this database will be used to assist your firm with marketing and procurement opportunity matching services. The purpose for collecting this information is to track the development of the minority business for use in statistical surveys and other research. In that regard, the information entered into the form will be available to the general public. In addition, information collected on this form will be made available to federal, state and local agencies for use in statistical surveys and other research to track the development of minority businesses. By entering data in this form you certify that you are authorized to make this information available to the public and agree to all the terms and conditions as specified herein.

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Signature	Print Name	Date
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**Questions? Call us at 314 - 391 - 4477**

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