

Client Impact Form



The information you provide allows us to assess the impact of our services as well as receive program funding. All information will be kept confidential and only combined total amounts of multiple clients will be reported.

Contact Name(s):		Email Address:	
Business Name:			
Address, City/State/Zip:			
Business Phone Number:		Business Start Date:	

THROUGH THE ASSISTANCE OF THE SBDC the following impacts were achieved for this time period:

How much outside financing did you obtain?	How much money did you personally invest in your business?	What were your gross sales/revenue?	How many people, including yourself, do you currently employ?		SBDC PERSONNEL USE Form entered and uploaded to Neoserra Initials/Date
			Full-Time	Part-Time	
\$	\$	\$			
\$	\$	\$			

This form is not a guarantee of any future results from counseling services from America's SBDC Iowa (SBDC), but is created as a guidepost for counseling services and tracking results throughout our system.

America's SBDC Iowa played an important role in our company achieving the impact stated above.

Comments:

Client Signature _____

Date _____

I have agreed to submit this document by electronic means. By signing this document electronically, I certify that my answers are correct and complete to the best of my knowledge. I also certify that I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. By typing my name above, I am electronically signing this document.