

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** _____

AUTHORIZATION FOR INFORMATION/PUBLICITY RELEASE

I have requested technical assistance from America's SBDC Iowa (SBDC). I hereby grant permission for the use of my name, the name of my business, any graphic or pictorial representation of my business or interviews, and my business story in general terms, in any media efforts to publicize the activity and services of America's SBDC Iowa.

Contact Name: _____ Business
Phone
Number: _____

Business Name: _____

Business Address: _____

Email Address: _____

I realize that all information divulged to America's SBDC Iowa is kept confidential; however, I authorize the SBDC to release information in my file to the entities checked below.

Media	SBA	
Lender	USDA	
Economic Developer	Main Street	
Revolving Loan Fund	Other	_____
Chamber of Commerce	Other	_____
Educational Institution	Other	_____

Client Signature _____ Date _____