



## Small Business Success Story Submission Form

Business Name:

Owner/Contact Name:

Phone:

Email:

Publicity Release:    Yes        No

Is this business part of any of the following special populations?

Veteran

Minority Owned

Women Owned

LGBTQ

Faith Based

Please provide a brief background on the business and your experience working with them:

**Please submit form to [sbdcstudent@iastate.edu](mailto:sbdcstudent@iastate.edu) and  
[Impitts@iastate.edu](mailto:Impitts@iastate.edu)**

Luke Nickles will reach out to the SBDC client and send final success story proof to the Regional Director/Business Counselor & SBDC Client for approval.