



## CLIENT ASSESSEMENT / INTAKE FORM

General Information		
First Name	Last Name	Title
Home Address	City, State, Zip Code	Phone Number
Fax Number	Mobile Number	Email Address
Minority Group		
Native American	Alaskan Native	Other Minority
Name of Tribe / Pueblo / Nation	Name of Tribe	
Company Information		
Company Name	Company Address	City, State, Zip Code
Date of Incorporation	State of Incorporation	EIN or Federal ID Number
Company Web Address	Dunn's Number	Yes SAM Registered ? No
		#
Business Codes / Structure / Data / Sector		
NAICS Codes	SIC Codes	PSC Codes

Business Structure:	Sole Proprietorship Limited Liability Company (LLC) Limited Liability Partnership	C-Corporation Sub Chapter S Corp Partnership	501(c) Non-Profit For-Profit
Ownership Data:	Women-Owned Veteran-Owned Tribally Owned Business Service Disable Veteran-Owned	Small Business HUBZone Certified SBA 8(a) Certified Minority Business Entity	Small Disadvantage Business Buy Indian Act GSA Schedule
Business Sector:	Resource Partner Services - Consulting Professional Services Marketing / Design	Technology / IT Website Development Architecture Construction	Manufacturing Training Environmental Wholesale

**Confidentiality Statement**

(Initials)

Client understands that Four Winds Diversified Project (FWD) will hold proprietary information disclosed to FWD Project confidential and will not disclose the same to a third party without the permission of the client.

**FWD Project & Small Business Disclosure**

(Initials)

FWD Project is operated by SWBDC, LLC and is funded by the U.S. Department of Commerce, Minority Business Development Agency. This Document is a registration form and does not involve any payment from the undersigned or commitment of service from SWBDC, LLC.

**Waiver**

(Initials)

Client understands that the services provided by the FWD Project are recommendations and are not intended as an expressed or implied warranty or guaranty that such services will result in profit or any other determined result for the client. Client hereby waives any and all right of action against the consultant, analysis, trainer, FWD Project, and/or SWBDC, LLC. regarding the results of any of the services provided to the client. In the event that any client, any employee, agent or associate of client, or any third party should bring legal action against the consultant, analysis, trainer and/or SWBDC, LLC. Client also agrees to indemnify and hold the consultant, analysis, trainer, FWD Project and/or SWBDC, LLC. harmless against such action, including the payment of any cost and/or attorney's fees which may be incurred therein.

**Acceptance to receive service including MBDA Reporting System**

(Initials)

The information gathered in this form will be entered in our database and will be used to assist your firm with information regarding training, marketing and procurement opportunity matching services, meet / greets, and one-on-one matchmaking. The purpose for collecting this information is also to track the development of Native American Small Business for use in statistical surveys and research. In addition, information collected on this form will be made available to Federal, State, Tribal, and local agencies for use in procurement and research. By entering data on 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.

I certify that the above information is true and complete to the best of my knowledge



Client Signature

Date