

12142021

		Applicant Information	n
Company Name:			Date:
Address:			
City, ST and Zip:			
Participant's Name:			
Phone:		Email	
Referring Organization			
		MWBE Category	
<sup>D</sup> African A	merican	Asian American	Hispanic American
Indian/Pacific Islander		Native American	□ Women
<sup>D</sup> Other		□ LGBT	
		% Ownership	
	□ 50%	□ 51-66%	□ 67-100%
		Services/Products Offe	ered
PI	ease rank 1-3 (1 k	eing your first choice) which	area is of most interest to you:
Data: Desig Finar deve Lega	How a business anal gn: How a business conce: How a business le elopment. I: How a business pre- ations: How a busine	yzes and uses information collected to reates and plans services, products, a nandles daily and long-term monetary events and handles legal issues. ss initiates, plans, and carries out bus	operations, strategy, and resource siness and day-to-day tasks.
		identifies strategies that will best ena ess uses technology to support its mis	

## Brief Company Background:

Use this space to provide a brief summary of the company

What do you see as your current significant challenge(s)?

What are you looking for from this program?

Additional Questions to assist us during the pre-selection process: 1. How long have you been in business?					
1.		Less than one year	Π		
		2-5 Years			
	С.	6-10 Years			
	d.	More than 10 Years			
•		0			
2.	2. What is you gross revenue?				
	а.	Less than \$100K			
	b.	\$100k- \$ 1.0 Million			
	C.	Greater than \$1 Million			
3.	3. How many employees do you have?				
	a.	Less than 5			
	b.	6-10			
	C.	11- 25			
	d.	Greater than 25			

- 4. How many customers do you have?
  - a. Less than 15
  - b. 16-30
  - C. More than 30

Please return completed application to the Office of Minority Business Development at gale.jones@richmondgov.com.