

# HOUSTON MBDA INTAKE FORM

GROW YOUR BUSINESS. CREATE JOBS. BUILD THE NATION.

## CONTACT INFORMATION FOR PURPOSES OF THIS PROGRAM

Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
Contact Name \_\_\_\_\_ Fax \_\_\_\_\_  
Title \_\_\_\_\_ Cell \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Email \_\_\_\_\_  
Address Line 2 \_\_\_\_\_ Website \_\_\_\_\_  
City / State / ZIP Code \_\_\_\_\_  
NAICS Codes \_\_\_\_\_

### How did you hear about the Houston MBDA Business Center?

Internet     Partner Organization     Email     Client     Event     Other

## ELEGIBILITY

Businesses that have been in business for at least three years with an annual revenue of \$500,000 are target clients for our services. High-growth industries such as construction, green technology, clean energy, health care, infrastructure and broadband technology are eligible for the MBDA program.

## BUSINESS INFORMATION

Date Established \_\_\_\_\_

Are you registered with System Award Management (SAM):     Yes     No

Dun and Bradstreet Number \_\_\_\_\_

### What is your current business status?

- Established (generated revenue for more than 3 years)
- Pre-venture
- Start-up (generated revenue for 3 years or less)

### Please check all that apply to you and your business.

- Corporation                       Privately-Held
- Family-Owned                       Publicly-Held
- Limited Liability                       Sole Proprietorship
- Partnership                       Sub S Corporation

### In what state is your company incorporated?

\_\_\_\_\_

### What industry best describes your business?

- Construction                       Oil and Gas Exploration
- Energy                       Oil and Gas Supply
- Health Science                       Oil and Gas Distribution
- Health Care Delivery                       Petrochemical
- Human Resources/Staffing                       Project Management
- Information Technology                       Retail
- International import and export                       Technology
- Logistics                       Transportation
- Manufacturing                       Wholesaler/Distributor

Other: \_\_\_\_\_

### How many employees does your company have (including you)? (Leave blank if not yet in business).

Total: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Full-time: \_\_\_\_\_ Minority Employees: \_\_\_\_\_

What is your current annual revenue? \$ \_\_\_\_\_

What is the dollar amount of your largest contract? \$ \_\_\_\_\_

What is your annual export sale? \$ \_\_\_\_\_