



Welcome to the Business Assistance Center (BAC) Program. This is a federally funded program through the City of Dallas, intended to assist Low-to-Moderate Income Persons who are interested in a Micro-Enterprise Business (with 5 employees or less including the business owner) or increasing the capacity of an existing Micro-Enterprise.

NOTE: Referrals made by the BAC do not constitute an endorsement by the BAC nor the City of Dallas for such services.

DISCLAIMER: The BAC provides persons with technical assistance for starting or improving their business through this program. Suggestions and assistance provided by the BAC do not constitute professional services nor professional advice by the BAC nor the City of Dallas. For professional services or professional advice, you understand that you should consult with a professional.

To better serve you, please provide the following information, place "NA" if the category or information does not apply to you:

CLIENT INFORMATION					
Full Name: _____					
Last		First		M.I.	
Home Address			Business/Potential Address		
Street Address		Apartment/Unit#		Street Address	
City		State		ZIP Code	
Home Phone: () _____			Alternate Phone: () _____		
E-mail Address: _____					
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female					

ETHNICITY (REQUIRED. Also make a selection from the "RACE" options) Note: Your selection will not affect your eligibility	
Hispanic or Latino(a):	<input type="checkbox"/> Yes <input type="checkbox"/> No

RACE (REQUIRED) Note: Your selection will not affect your eligibility	
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Asian & White	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> American Indian/Alaskan Native & Black
<input type="checkbox"/> Asian	<input type="checkbox"/> Other

CLIENT BUSINESS INFORMATION			
1. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, Continue to #3)	1b. If yes, how long?	1c. Business name	
2. How many people are employed in your business including yourself (circle)?	1 2 3 4 5 more than 5		
3. Are you interested in starting a new business? <input type="checkbox"/> Yes <input type="checkbox"/> No OR expanding your exiting business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Type of business (check all that apply): <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Other _____			
5. How did you hear about us (check all that apply)? <input type="checkbox"/> Internet <input type="checkbox"/> Phone Directory <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Radio <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Bank <input type="checkbox"/> Other _____			

BAC OFFICIAL USE ONLY		
BAC SERVICES <input type="checkbox"/> Business Startup <input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Technology/Lab Assistance <input type="checkbox"/> Business Expansion <input type="checkbox"/> Technical Assistance <input type="checkbox"/> International Trade <input type="checkbox"/> Business Plan <input type="checkbox"/> Incubator Office Space <input type="checkbox"/> Franchises <input type="checkbox"/> Capital Resources/Loans <input type="checkbox"/> Human Resources <input type="checkbox"/> Networking <input type="checkbox"/> Business Legal Structure <input type="checkbox"/> Marketing/Sales <input type="checkbox"/> Bids/Proposals <input type="checkbox"/> Taxes <input type="checkbox"/> Legal Referral <input type="checkbox"/> Vendor Registration/Procurement <input type="checkbox"/> Licenses/Permits/DUNS <input type="checkbox"/> Accounting/Bookkeeping <input type="checkbox"/> Certification: Women/Minority/Disadvantaged/Small Business		DATE _____ FY _____ Council District _____ DUNS # _____
BAC # _____ BAC Manager _____		Eligibility: <input type="checkbox"/> LMI <input type="checkbox"/> Non-LMI



Information on annual family income and race is required to determine eligibility for 2014-2015 programs funded with Federal Community Development Block Grant (CDBG) funds. Each participant must determine the number of persons in their family, and then **CHECK THE BOX** that contains the amount of annual family income. **FAMILY INCOME** is defined as the total Annual Gross income of ALL family members living within the household. All sources of income must be counted from all family members residing in the household.

Please check your Income Range based on your Family Size (for example if there are 5 people in your family, go to the column titled "Family Size" down to row 5 and then on that row mark the income range that best describes your Family Income Level; if there are 8 or more member in your family go to the column titled "Family Size" down to row 8 and then on that row mark the income range that best describes your Family Income Level:

Family Size	Extremely Low Family Income Level	Low Family Income Level	Moderate Family Income Level	Above Moderate Family Income Level
1	<input type="radio"/> \$0 - \$14,800	<input type="radio"/> \$14,801 - \$24,650	<input type="radio"/> \$24,651 - \$39,450	<input type="radio"/> \$39,451+
2	<input type="radio"/> \$0 - \$16,900	<input type="radio"/> \$16,901 - \$28,200	<input type="radio"/> \$28,201 - \$45,050	<input type="radio"/> \$45,051+
3	<input type="radio"/> \$0 - \$20,090	<input type="radio"/> \$20,091 - \$31,700	<input type="radio"/> \$31,701 - \$50,700	<input type="radio"/> \$50,701+
4	<input type="radio"/> \$0 - \$24,250	<input type="radio"/> \$24,251 - \$35,200	<input type="radio"/> \$35,201 - \$56,300	<input type="radio"/> \$56,301+
5	<input type="radio"/> \$0 - \$28,410	<input type="radio"/> \$28,411 - \$38,050	<input type="radio"/> \$38,051 - \$60,850	<input type="radio"/> \$60,851+
6	<input type="radio"/> \$0 - \$32,570	<input type="radio"/> \$32,571 - \$40,850	<input type="radio"/> \$40,851 - \$65,350	<input type="radio"/> \$65,351+
7	<input type="radio"/> \$0 - \$36,730	<input type="radio"/> \$36,731 - \$43,650	<input type="radio"/> \$43,651 - \$69,850	<input type="radio"/> \$69,851+
8	<input type="radio"/> \$0 - \$40,890	<input type="radio"/> \$40,891 - \$46,500	<input type="radio"/> \$46,501 - \$74,350	<input type="radio"/> \$74,351+

Note: The above Dallas Family Income Level Ranges are effective March 6, 2015, subject to change by HUD annually.

Does your family have a **SINGLE HEAD OF HOUSEHOLD?** Yes No
If Yes, select one of the following: Single Female Headed Household Single Male Headed of Household

Program or Activity _____ Dates of Participation _____

APPLICANT STATEMENT: I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing services, the City of Dallas, or the U.S. Department of Housing & Urban Development. I, therefore, authorize such verification, and I will provide supporting documents, if necessary. **WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

CLIENT

Client Printed Name Client Signature Date

FOR BAC OFFICIAL USE ONLY	
BAC # _____:	
_____ BAC Manager Printed Name	_____ BAC Manager Signature