



## Small Business Resiliency Program Intake Form

All information provided is confidential.

Welcome to San Antonio for Growth on the Eastside! We are committed to providing you unparalleled and leading-edge services that will help your business thrive. Please complete the following form as thoroughly as possible to help us achieve this goal. Thank you for your trust and support.

### INFORMATION ABOUT INTAKE AND APPLICATION PROCESS

Since 2003, San Antonio for Growth on the Eastside has aimed to champion investments that improve the quality of life for individuals, families, neighborhoods and businesses on San Antonio's Eastside.

With consent, the SAGE Team will document the circumstances of current and new business owners in need of economic development resources. In order to achieve our mission, SAGE may share information about you and your business with other Eastside stakeholders and SAGE partners that can best help you succeed. Your information is stored electronically and shared at the discretion of the SAGE Team using our secure, cloud-based data management platform, hosted by Salesforce.

Once you complete this intake form and it is received, please keep in mind that a SAGE team member may reach out to you to schedule a mandatory Service Info Session prior to finalizing an agreement to assist the applicant. Please note that this Intake form may take up to 20 minutes to complete. If you or anyone has questions or concerns about SAGE's services or methods of submitting this form, please contact our Chief Financial and Operations Officer, Russell LeDay, at [rleday@sagesa.org](mailto:rleday@sagesa.org) or call 210-248-9178 x 112.

### AUTHORIZATION OF CONSENT

I, \_\_\_\_\_, have been provided information on the referenced San Antonio for Growth on the Eastside and wish to complete the provided intake form and submit the required documentation to receive consideration for services.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I. Client Profile (Business Owner Information)

- A. Full Name (*please print*) \_\_\_\_\_
- B. Position/Title \_\_\_\_\_
- C. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- D.  Home Phone (\_\_\_\_) \_\_\_\_\_  Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_  
\*Please Check the box next to the phone number you prefer to be contacted at.
- E. Email \_\_\_\_\_  
May we add you to our email list (e.g. Bi-weekly Newsletter)?  Yes, please.  No, thank you.
- F. DOB \_\_\_\_\_
- G. Gender:  Female  Non-Binary  Male  Other
- H. Race/Ethnicity:  Asian  Black or African American  Hispanic/Latinx/Spanish Origin  
 Indigenous American or Alaska Native  Native Hawaiian or other Pacific Islander  
 White (NOT Hispanic)  Two or More Races  Other
- I. Education:  No High School Diploma  High School Equivalency  College Certificate  Associate's Degree  
 Bachelor's Degree  Master's Degree  Doctoral Degree  Trade Certification  Other
- J. Are you a female head of household?  Yes.  No.
- K. Number of household members: \_\_\_\_\_  
Number of dependents: \_\_\_\_\_  
Household annual income: \_\_\_\_\_

II. Business Profile

- A. Name of Business/Organization \_\_\_\_\_
- B. Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- C. EIN: \_\_\_\_\_
- D. Industry Sector:  Accommodation and food service  Child Care Services  
 Management of Companies and Enterprises  Real Estate Rental and Leasing  
 Administrative Support/Waste Management/Remediation Services  Educational Services  
 Manufacturing  Retail Trade  Agriculture, Forestry, Fishing, and Hunting  
 Finance and Insurance  Other
- E. Years in Business \_\_\_\_\_ . \_\_\_\_\_ Open Date \_\_\_\_\_
- F. Annual Revenue (Prior Year) \_\_\_\_\_
- G. Total Number of Employees \_\_\_\_\_
- H. Business website and/or social media \_\_\_\_\_

I. Has your business applied for, received, or participated in any service offered by SAGE in the last 2 years?

Yes.  No.

If Yes, please list the name(s) of service(s) here: \_\_\_\_\_

Date of the most recent service you participated in: \_\_\_\_\_

J. Business Structure:  Sole Proprietor  Corporation  Limited Liability Company

Nonprofit  No Legal Entity designation

K. Certified Business Identification (51% ownership or more):  Disability Owned  LGBTQ+ Owned

Minority (race) Owned  Female Owned  Veteran Owned

Refugee Owned  Immigrant Owned  Non-English Proficient Business

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

III. SAGE Services \*Please check the box next to the service you wish to be considered for. (only ONE)

Back Office Program  Store Front Grant  Emergency Assistance Fund

Technology Enhancement Grant  Capacity Building Grant

A. What type of assistance do you believe you need? Please check all that apply:

Start-Up Assistance  Cash Flow Management  Business Planning

Tax Management  E-Commerce  Financing  Marketing/Sales  Legal Aid

Workforce Development  Government Contracting  Customer Relations

Franchising  Human Resources  Accounting/budgeting  Buying/selling business

Language Accessibility assistance  Inventory Management  Land Acquisition

Facade Improvement  Broadband Internet  Technology hardware / Business Software

Professional Services

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

B. How did you hear about SAGE?

Online Search Engine  Social Media  Mail  Email  Phone Call

Other  Referral; whom should we thank for this referral? \_\_\_\_\_

IV. **Business Health Checklist** - The following information is essential to optimize the results of your service:

|                                                                                                           | YES                      | NO                       |
|-----------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Does your business have a mission statement?                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your business have a business plan?                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your business have an employee handbook?                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your business have a budget and do you review it on a regular basis?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your business's facilities and equipment meeting its current needs?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your business have a strategic plan?                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your business have a marketing plan?                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your business have a thorough understanding of its customers?                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your business have a thorough understanding of its competitors?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you understand the marketing mix (product, price, place, and promotion) for your business's offerings? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you track your business's marketing efforts?                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you review your income statement and balance sheet each month?                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you review your cash flow statements each month?                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have cash flow projections?                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                                                                         |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Do you check your accounts receivable on a weekly basis?                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your accounts receivable turnover this year better than last year?                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do your accounts receivable turn-days not exceed your payment terms?                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your inventory turnover better this year than last year?                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your inventory turn-days better this year than last year?                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your business charging enough for its products and services to cover your costs and obtain your target gross profit? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you know your business's break-even?                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your business on track to at least break-even this year?                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your business have a current ratio higher than one?                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your current ratio for this year better than last year's current ratio?                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your total debt ratio one or less?                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your total debt ratio for this year better than last year's total debt ratio?                                        | <input type="checkbox"/> | <input type="checkbox"/> |

**AUTHORIZATION FOR SUBMISSION**

I, \_\_\_\_\_, am representing the business named and confirm that all of the information provided above is true and accurate to the best of my knowledge. I take full responsibility for alerting SAGE of any changes about this information or circumstances that would affect my service.

By signing below, the applicant/representative understands that if it is determined that incorrect and/or incomplete information was knowingly or willfully provided or failed to be provided, San Antonio for Growth on the Eastside reserves the right to retrieve/ recover the value of goods and services to the full extent permitted by law.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

