

COMMUNITY DEVELOPMENT PARTNERSHIP

Business Builderssm

Presents:

The **Smart Start**

Workshop

Spring 2010

Client Questionnaire

All information submitted to the Community Development Partnership will be kept in strict confidence and will not be shared with any individuals, businesses or organizations without the express permission of the client.

Community Development Partnership
3 Main Street, Unit #7 Eastham, MA 02642
508-240-7873 X 25 or 800-220-6202
www.capecdp.org

BUSINESS BUILDERSsm PROGRAM

A Unique Approach to Business Success!

Date: _____

CONTACT INFORMATION

Name: _____

Home Address _____ City _____ MA Zip: _____

Telephone: _____ Cell phone _____

E-Mail Address: _____ best way to be contacted: phone, cell, email? Circle one

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

City: _____ State: MA Zip: _____

Business Phone: _____ Business Fax: _____

Business E-mail Address: _____

Business Website: _____

Date Business Established: _____

If business not established yet, how many years in planning stage:

- Less than one year
- More than one year

Do you have previous experience in this type of business or with running another business?

- Yes, Please describe: _____

No

Describe briefly the product or service your business offers: _____

To the Applicant: Below are the pricing options for the Smart Start Workshop.
 These options are designed to meet a variety of financial needs. The fee includes all workshop materials.
The information will be kept confidential.

Family Size	1	2	3	4	5	6	7	8
Price								
\$75	27,150	31,050	34,900	38,800	41,900	45,000	48,100	51,200
\$100	43,450	49,700	55,900	62,100	67,050	72,050	77,000	81,950
\$125	43,450+	49,700+	55,900+	62,100+	67,050+	72,050+	77,000+	81,950+

We offer scholarships for our business programs. If you would like to help offset the cost of educational programming for other members of our business community please let us know, or you can simply add an additional amount onto your fee and note that the amount is to be earmarked for the scholarship fund. The CDP is a tax deductible organization - any contribution would be thus eligible for deduction.

Yes, _____ I would like to donate \$_____ for the scholarship fund.

No, _____ not at this time but maybe when my business is established.

Please send me additional information about becoming a member of the CDP. _____.

Total amount remitted: \$_____ make payable to the “CDP”.

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

Signature: _____ Date: _____