Southern Perry Incubation Center for Entrepreneurs (SPICE)
115 West Main Street, P.O. Box 268
New Straitsville, OH 43766
Phone; (740) 394-2200
Fax; (740) 394-2277 **website; www.spiceohio.com**

TECHNICAL ASSISTANCE REFERRAL

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____

COUNTY*: _____ TOWNSHIP*: _____ *Required by Loan Program

PHONE: _____ CELL: _____ EMAIL: _____

Business Ownership
- ☐ Male
- ☐ Female
- ☐ Male/Female

Location of Business
- ☐ Home-based
- ☐ Commercial Building
- ☐ Internet

Military Status
- ☐ Not a Veteran
- ☐ Veteran
- ☐ Vietnam Era Veteran
- ☐ Disabled Vietnam Era Veteran
- ☐ Disabled Veteran

Race/Ethnicity
- ☐ White
- ☐ Asian
- ☐ Hispanic
- ☐ African American
- ☐ Pacific Islander
- ☐ Native American

Other
- ☐ Single
- ☐ Head of Household
- ☐ Disability

MAP Income Guidelines 2009

Size of Family	Income
1	$11,300-$30,150
2	$12,900-$34,450
3	$14,550-$38,750
4	$16,150-$43,050
5	$17,450-$46,500
6	$18,750-$49,950
7	$20,050-$53,400
8	$21,300-$56,850

I request business management counseling from the Southern Perry Incubation Center for Entrepreneurs. I agree to cooperate should I be selected to participate in surveys designed to evaluate SPICE assistance services. I authorize SPICE to furnish relevant information to the assigned management counselor(s) although I expect information to be held in strict confidence. I further understand that any counselor has agreed not to recommend goods or services from source in which he/she has an interest. In consideration of furnishing management or technical assistance, I waive all claims against SPICE or its personnel or SPICE contracted resource counselor(s) arising from this assistance.

_____Initials _____Initials

STAFF NOTES

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_____
_____
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_____

Signature: _____ Date: _____

This institution is an equal opportunity provider, and employer