

# Co-op Client Intake Form



Please complete this form to the best of your knowledge. We understand you may be in the beginning of your project but the following questions are used by a cooperative specialist to measure where you are at in your project development and how best to assist you.

## Contact Information

<input type="text"/> <small>(First and Last Name)</small>	<input type="text"/>		
<b>Person Completing the Form</b>	<b>Email</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<input type="text"/> <small>(Circle one) Work/ Home/ Cell</small>	<input type="text"/> <small>(Circle one) Work/ Home/ Cell</small>		
<b>Primary Phone Number</b>	<b>Secondary Phone Number</b>		
<input type="text"/>	<input type="text"/> <small>City/Town/Village</small>	<input type="text"/> <small>City/Town/Village</small>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>County</b>	<b>Population</b>	<b>Median Household Income</b>	<b>Food Desert</b>

## Race/Ethnic Make Up of Your Community (Check all that apply.)

- White  % (percentage)
- African American or Black  % (percentage)
- Hispanic or Latino  % (percentage)
- Asian  % (percentage)
- Native American or Alaskan Native  % (percentage)
- Native Hawaiian or other Pacific Islander  % (percentage)

## About the Project

**Project Name** If Known

## What development stage is your project/business/organization at?

- (Check all that apply.)
- |  |   |
|--|---|
| <input type="checkbox"/> Conceptual/brainstorming stage                | <input type="text"/> Number of Staff                      |
| <input type="checkbox"/> Planning and organizing stage                 | <input type="text"/> Number of Volunteers                 |
| <input type="checkbox"/> Start-up stage                                | <input type="text"/> Number of Board Members              |
| <input type="checkbox"/> Early operational stage (1-2 years operating) | <input type="text"/> Number of Steering Committee Members |
| <input type="checkbox"/> Operational stage (3 years or more operating) | <input type="text"/> Number of Members/Beneficiaries      |

**Describe the vision or mission for your project (please offer as many details as possible, even if the organization is in a very early stage).**

**What is the demographic and geographic focus for your project (target groups/customers and business/service regions)?**

**Please describe any other specific needs or plans for this project.**