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 Informa	ation					
	(First and Last Name)					
Person Completing	the Form	Email				
Address		City	State	Zip		
	(Circle one) Work/ Home/ Cell			(Circle	one) Work/Home/Cell	
Primary Phone Nun	nber City/Town		dary Phone Number	y/Town/Village	Yes No	
County	Population		Median Household Incom	е	Food Desert	
Race/Ethnic Mak	ke Up of Your Community (Check a	ll that apply.)				
White	% (percentage)					
African Amer	ican or Black % (perce	entage)				
Hispanic or L	atino % (percentage)					
Asian	% (percentage)					
Native Ameri	can or Alaskan Native	% (perd	entage)			
Native Hawai	ian or other Pacific Islander	%	(percentage)			
About the Proje	ect					
Project Name _{If I}						
What developme (Check all that apply.)	ent stage is your project/busin	ess/or	ganization at?			
Conceptual/brainstorming stage			Number of Staff	umber of Staff		
Planning and organizing stage			Number of Volunte	Number of Volunteers		
Start-up stage				umber of Board Members		
Early operational stage (1-2 years operating)			Number of Steering	Number of Steering Committee Members		
Operational s	stage (3 years or more operating)		Number of Members/Beneficiaries			

escribe the vision or mission for your project (please offer as many details as possible, even the organization is in a very early stage).
/hat is the demographic and geographic focus for your project (target groups/customers
nd business/service regions)?
lease describe any other specific needs or plans for this project.