



TechAssistLA

Small Business Assessment Form

DATE:

ENTERED BY:

Some information on this form is required by the Technical Assistance for Small Business grant program. Some information is requested to help TechAssistLA to qualify the type and amount of assistance to provide a company. Please read the Privacy Policy and the Terms of Agreement before completing this form.

BUSINESS INFORMATION

Name Of Business			
Contact Person Last Name			
Contact Person First Name			
Contact Person Role In Co.	(chairman, owner, CEO, partner, manager)		
Business Address 1			
Business Address 2			
City	Items in RED are required		
County	Federal Tax ID		
Parish	Social Security		
State	Business Email		
Zip Code	Other Email		
Business Phone			
When Is The Best Time To Contact You?			
When Is The Best Time To Meet With You?			
(Alternate Contact Information)			
Alternate Contact Last Name			
Alternate Contact First Name			
Alternate Contact's Role In Co.	(chairman, owner, CEO, partner, manager)		
Business Address 1			
Business Address 2			
City	Parish		
State	Zip Code		
Business Phone	Business Fax		
Business Email	Alternate Email		
When Is The Best Time To Contact You?	When Is The Best Time To Meet With You?		
Geograpiacal Coverage (circle one) city parish state national international			



Louisiana Technology Council

1215 Prytania Street, Suite 329-H
New Orleans, LA 70130

Tel-504-309-6153 Fax-504-301-3531



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BUSINESS STRUCTURE

Line Of Business	Example: retail, tourism, restaurant, computer services, manufacturing, seafood, automotive, business services, personal
CIRCLE ONE:	Sole Proprietorship / Partnership / Corporation / Limited Liability Company (LLC) / Other (please describe):

Owners / Officers

	First Name	Last Name	Business Phone	Cell Phone	Position	% Ownership
1						
2						
3						
4						
5						

Managers / Administration

	First Name	Last Name	Business Phone	Cell Phone	Position
1					
2					
3					
4					

Briefly Describe Your Business:

Briefly Describe Your Typical Customer:

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A business plan is essential for determining the best technical solutions to offer your company. If you have one please attach it to this application.

Do you need assistance in creating a business plan?

Yes / No

OPERATING LOCATIONS

	NAME	ADDRESS	CITY, STATE, ZIP	TYPE (location, department, subsidiary business)
1				
2				
3				
4				
5				



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FINANCIAL INFORMATION

Revenue 2005		Business Currently Open? (Y/N)	
Revenue 2006			
Annual Revenue Projected 2007			
Date Business Established			
Is your accounting done in-house by an employee or	In-House / Outsourced	If outsourced who do you use?	
Do you have a CPA?	No / Yes	If Yes, who do you use?	
If in-house what software do you use?		How many licenses do you have for the	
Who do you bank with?	1)	2)	3)
Have you received any investment, loans or grants in the last two years?		How Much?	



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TECHNICAL INFORMATION

OFFICE NETWORK

Do you have a computer network?

How many computers do you have on the network?

How many computers are **not** on the network?

What Operating System(s) do you use?

Windows VISTA / XP / NT / 2000 / 98 / Unix / Linux / Other

List the software do you use daily in your business activities (QuickBooks, Outlook, Word, Access, etc.) ?

Word Processor

Accounting (QuickBooks, Peachtree?)

Database

Web Based Applications (Constant Contact, Salesforce.com):

Spreadsheet

Contact Manager or Customer Database:

Email

Other?:

Point of Sale System

IT Support Services (circle one) In-House Service Contract Primarily Telephone Support

If Support Service are not in house who do you depend on?

If Support Service are in-house how many persons to you have dedicated to IT Support?

How many faxes do you send or receive per week?

(Circle one) Do you send and receive by: FAX machine Internet

Do you have a backup/disaster recovery plan? Explain.

Explain what your business plans are if you have to evacuate?

WEBSITE

Do you have a website?

What is your domain(s)?

If you do, what is it's purpose (brochure-type information, product sales, contact info, etc.):

How many pages is it?

Does it have any dynamic functions (mailing list, eCommerce, etc)?

Do you have an e-mail address that matches your domain (i.e., myname@mybusiness.com) ?

What is your technology budget for the next year?



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NEEDS

What Type Of Guidance Would Be Most Helpful? (rank how valuable each of these general areas would be to your business. 1 = Not Needed - 5 = Very Important)

Accounting Systems Review 1 2 3 4 5

Skill Level: Don't Use / Basic User / Intermediate / Advanced

QuickBooks Training 1 2 3 4 5

Skill Level: Don't Use / Basic User / Intermediate / Advanced

Office Productivity Training (Microsoft Office - Word, Excel, PowerPoint) 1 2 3 4 5

Skill Level: Don't Use / Basic User / Intermediate / Advanced

Hardware / Network Audit 1 2 3 4 5

Software Audit 1 2 3 4 5

Website Development 1 2 3 4 5

Gen. Technology Consulting 1 2 3 4 5

Other Assistance Needed (Describe)

If you receive Technical Assistance, what action will you take based on the assistance requested?

How soon would you implement suggestions made by this grant assistance?

Would you have more employees in the next year as a result of your technology assistance? (Fewer. Same. More)

How could computers and internet increase your productivity or sales?

Explain what your single, most critical need is that is holding your company back.

Give any other information that is relevant to your needs:





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Office use only.

DATE:	Comments:

The State of Louisiana and the Louisiana Technology Council would be conducting a survey of information technology skills for the residents of Southeast Louisiana. You may confidentially participate by visiting www.LaITCensus.com

Guarantees: The LTC makes no guarantee of the work performed. Small businesses engaging in this program do so at their own risk.

Negligence: In consideration of free technical support being offered the Applicant does hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, the Louisiana Technology Council, its officers, volunteers, consultants, members or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the small business or its employees, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise.

Continued relationship between parties: The TASF program provides a limited amount of free technical support. Additional products and/or services may be required to completely address the your business needs. Once the scope of the TASF consultation is completed there is no obligation for you, the client, to continue any further relationship with the consultant. The relationship may continue if both parties agree. The terms and fees of additional service shall be negotiated by the client and the consultant.

Payments: 1) Payment for technical assistance services and consulting will only be made to the LTC member organization.

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____



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