

Client Application

Instructions: Please fill out this form as completely as possible, sign and date, and return to The Federal Technology Center (The FTC). For questions, please call 916.334.9388.

Business Information			
Business Name:		Home Based: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:		Physical Address:	
City:	State:	City:	State:
Zip:	County (not U.S.A.):	Zip:	County:
Business Phone: ()	Fax: ()	URL:	
Business Designation <input type="checkbox"/> Small Business <input type="checkbox"/> Small Disadvantaged Business (SDB) <input type="checkbox"/> HUBZONE <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Minority Owned	SBA Program <input type="checkbox"/> Certified HUBZONE <input type="checkbox"/> 8 (a) Firm	Business Type <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Wholesale Dealer <input type="checkbox"/> Manufacturer / Producer <input type="checkbox"/> Construction <input type="checkbox"/> Research & Development <input type="checkbox"/> Surplus Dealer	Legal Organization <input type="checkbox"/> Individual/ Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Non-Profit
Date Established (MM/DD/YYYY):	DUNS #:	CAGE Code:	FEIN:
Average Number of Employees:	CCR Registration: <input type="checkbox"/> Yes <input type="checkbox"/> No	CCR Registration Date:	
Average Annual Sales Amount: \$	Product/ Service Description:		

Owner Information		
Name (Last, First):		E-mail:
Business Phone: ()	Fax: ()	Cell: ()
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic Group <input type="checkbox"/> Native American/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	Veteran Status <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Service Disabled Vietnam Veteran

Primary Contact Person (if different from above)		
Name (Last, First):	Position:	E-mail:
Business Phone: ()	Fax: ()	Cell: ()

Secondary Contact Person (if any)		
Name (Last, First):	Position:	E-mail:
Business Phone: ()	Fax: ()	Cell: ()

How did you hear about The FTC?		
<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet	<input type="checkbox"/> SBA <input type="checkbox"/> Bank <input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> The FTC newsletter (<i>GovLink Review</i>) <input type="checkbox"/> The FTC website <input type="checkbox"/> Other _____

Client Application-Page 2

Indicate briefly the type of service and/or counseling you are requesting:

Please read and sign the following statement.

I request to become a client of The Federal Technology Center (The FTC), so I may receive government marketing assistance and counseling. I agree to respond to requests for government contract award data and customer satisfaction surveys designed to evaluate The FTC services, as required by the grant to The Federal Technology Center for the Procurement Assistance Program. I authorize The FTC to furnish relevant information to the assigned counselor(s) and its grantors, and unless otherwise required by law, that information will be confidential. Notwithstanding the foregoing, I hereby give permission to The Federal Technology Center for the publication of information describing the results of my participation in their program. Although I agree this information may be published, The FTC will provide me with a copy of any proposed summary at least 10 days before its initial distribution. I shall have 5 days after receipt of the material to object to its distribution on the grounds that it would reveal information or technology which may be patented by me or which contains my confidential information. I further understand that The FTC counselors will not recommend goods or services from sources in which they may have an interest.

Notwithstanding the foregoing, I hereby give permission to The Federal Technology Center to release information describing the services provided by my business to *(please check one of the following)*:

- Both government entities and private businesses which may be seeking a vendor/supplier of the services my business provides
- Federal, state, and/or local government entities which may be seeking a vendor/supplier of the services my business provides
- Private businesses which may be seeking a vendor/supplier of the services my business provides
- Neither government nor private entities which may be seeking a vendor/supplier of the services my business provides

As The FTC counseling services are free to the client, and the time of our counselors is billed to The Federal Technology Center, The FTC must ensure that every counseling hour is productive for both the counselor and the client. In order to preserve the value of counseling time, I understand that I am expected to follow through on assignments given, for which a review or follow up appointment has been set. I understand that The Federal Technology Center reserves the right to refuse or discontinue service to any potential client or active client who misses two (2) appointments, either through cancellation or failure to appear, or clients that do not follow through on assignments for two (2) scheduled appointments. Clients may, however, participate at any time in classes offered by The FTC.

I agree, individually and on behalf of the company receiving The FTC counseling and assistance services, to release and forever discharge The Federal Technology Center, its staff, employees, and contractors, from any liabilities, obligations, and claims in law and equity arising out of any and all assistance provided and/or my company's association with The FTC. I understand that no assurance of either any particular services or benefits are guaranteed to be provided by The FTC, and I agree individually and on behalf of my company to release The Federal Technology Center from any and all liability which may result from any alleged failure of The Federal Technology Center to provide services. I understand that no guaranteed contract award(s) can be made by The Federal Technology Center, their staff or contractors, and that The Federal Technology Center shall not be held responsible for any loss or claim resulting from any assistance it provides. Further, I understand that, although The FTC endeavors to stay current on government contracting issues, and to provide accurate information, most materials provided through The FTC are obtained from independent outside sources and no representation or warranty is made as to their completeness, currency, or accuracy, and I agree not to rely on these materials absent independent verification.

Signature and Title

Date

Please return this form to The FTC as soon as possible.