



115 West Main Street,
 P.O. Box 268
 New Straitsville, OH
 43766
 Phone: (740) 394-2200
 Fax: (740) 394-2277
 www.spiceohio.com

TECHNICAL ASSISTANCE /INTAKE FORM

Name _____ Date _____

Address _____

City _____ County _____ State _____ Zip _____

Location of Business - County: _____ Home-based, ___ Commercial Building, ___ Internet

Circle your **Household Size** in the first column below and **Income Range** in the corresponding row that represents your household income for the prior 12 months:

FY 2018 Household Size	Low to Moderate Income (LMI)			Non – LMI
	Income Range 30%	Income Range 50%	Income Range 80%	Income Range (NL)
1 Person	0 - 12,150	12,151 - 20,200	20,201 - 32,300	32,301 or more
2 Persons	0 - 16,240	16,241 - 23,050	23,051 - 36,900	36,901 or more
3 Persons	0 - 20,420	20,421 - 25,950	25,951 - 41,500	41,501 or more
4 Persons	0 - 24,000	24,601 - 28,800	28,801 - 46,100	46,101 or more
5 Persons	0 - 28,780	28,781 - 31,150	31,151 - 49,800	49,801 or more
6 Persons	0 - 32,960	32,961 - 33,450	32,451 - 53,500	53,501 or more
7 Persons	0 - 35,750	0 - 35,750	35,751 - 57,200	57,201 or more
8 Persons or more	0 - 38,050	0 - 38,050	38,051 - 60,900	60,901 or more

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.

Signature: _____ Date: _____

The following information is optional. The law requires that this institution may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this institution is required to note race/ethnicity and sex on the basis of visual observation.

Military Status

- Not a Veteran
- Veteran
- Vietnam Era Veteran
- Disabled Vietnam Era Veteran
- Disabled Veteran

Race

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White

Ethnicity

- Hispanic or Latino
- Not Hispanic

Sex

- Male
- Female

Other

- Single
- Head of Household

_____ I choose not to furnish this information
 _____ Employee Observed

“This institute is an equal opportunity provider and employer.”

Rev 2/2018

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email program.intake@usda.gov.

