



Grow your business. Build the Nation.



Houston MBDA Intake Form

Contact Information for Purposes of this Program			
Company Name	Telephone	-	- Ext.
Contact Name	Fax	-	-
Title	Mobile	-	-
Mailing Address	E-mail		
Address Line 2	Website		
City/State/Zip			
NAICS Codes			
How did you hear about the Houston MBDA Business Center?			
Internet	Partner Organization	Email	Client Event Other
Demographic Information			
Ethnicity of Majority Business Ownership		Gender of Majority Business Ownership	
African American	Asian Pacific American	Female	
Alaska Native	Hasidic Jew	Male	
Aleut	Hispanic American	Male/Female (50/50)	
Asian American	Native American	Please indicate any certifications that you have:	
Asian Indian	Puerto Rican	City of Houston	SDB
Other.....		HUB	TxDOT
		HMSDC	8(a)
Business Information			
Date Established			
Are you Registered with System Award Management (SAM):		Yes	No
Dun and Bradstreet Number			
What is your current business status?		What industry best describes your business?	
Established (generated revenue for more than 3 years)		Construction	Oil and Gas Exploration
Pre-venture		Energy	Oil and Gas Supply
Start-up (generated revenue for 3 years or less)		Health Science	Oil and Gas Distribution
Please check all that apply to you and your business.		Health Care Delivery	Petrochemical
Corporation	Privately-Held	Human Resources/Staffing	Project Management
Family-Owned	Publicly-Held	Information Technology	Retail
Limited Liability	Sole Proprietorship	International import and export	Technology
Partnership	Sub S Corporation	Logistics	Transportation
In what state is your company incorporated?		Manufacturing	Wholesaler/Distributor
.....		Other.....	
How many employees does your company have (including you)? (Leave blank if not yet in business)			
Total.....	Part-time.....		
Full-time.....	Minority Employees.....		
What is your current annual revenue?		\$	
What is the dollar amount of your largest contract?		\$	
What is your annual export sale?		\$	