



RBI CLIENT APPLICATION			
CONTACT INFORMATION			
Name:		Title:	
Phone:	Cell:	E-mail:	
School Attended:		Major:	
Degree:		Grad Year:	
Current Address:			
City:	State:	ZIP Code:	
Country:		County:	
State House Dist. #:	State Senate Dist. #:	Congressional Dist. #:	
ADDITIONAL REQUEST FOR INFORMATION (OPTIONAL)			
Gender:	Marital Status:	Race/Ethnic Origin:	
Date of Birth:	Are you a Veteran? Yes No	Do you have a disability? Yes No	
COMPANY INFORMATION			
Company Name:		Industry Sector:	
NAICS #:	# of Employees: FT PT	EIN #:	Date of EIN #:
Phone:	E-mail:	Website:	
Company Address:			
City:	State:	ZIP Code:	
Country:		County:	
State House Dist. #:	State Senate Dist. #:	Congressional Dist. #:	
HOW DID YOU HEAR ABOUT RBI?			
Colleague	Internet	Newsletter	
Newspaper	Radio	TV	
Referral – If so, who can we thank?	Other – please describe:	Event – which one?	
SELECT ALL THE PROGRAMS YOU WOULD BE INTERESTED IN USING			
KIZ Program**	LEAP Program**	Educational/Training	Business Consulting
Investor Programs	Engineering	Computer Programming	Market Research
Grant Programs**	Internships	Networking	
Other:			
SELECT ALL THE RBI PARTNERS YOU WOULD BE INTERESTED IN WORKING WITH			
Ben Franklin Technology Partners	Bloomsburg University	Bucknell University	
Dept. of Community & Economic Development (DCED)		First Columbia Bank & Trust	
First Keystone Community Bank	Geisinger Health Systems	Mid Penn Bank	
Northumberland County Industrial Development Authority (NCIDA)		M&T Bank	
Susquehanna University		United States Department of Agriculture (USDA)	

** All RBI clients that receive financial assistance are required to participate in a minimum of three (3) events per year: (2) workshops per year – one (1) of which must be financially focused and the other workshop can be any subject matter; and one (1) networking event.



COMPANY SERVICE/PRODUCT INFORMATION

Description of Product/Service:

Annual Revenue:

Projected Revenue:

WHAT DO YOU ANTICIPATE YOUR ECONOMIC IMPACT TO BE ON THE LOCAL COMMUNITY

Please include your projections for number of jobs that will be created, number of jobs to be retained, capital investment to date, etc.:

PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS THAT WILL BE PUBLISHED ON THE RBI WEBSITE

***Attach a copy of your most recent resume to this form.**

This application is for RBI eligibility and/or initial assessment for RBI program enrollment. You will receive an e-mail communication as to which program you are eligible for with additional instructions if needed for a specific program.

RBI programs exist to provide support to entrepreneurs and start-up companies. This support establishes access to resources, including but not limited to: financial assistance, partnerships, investment opportunities, research and development and more. All in an effort to accelerate commercialization and the technology transfer processes.

Once accepted into one or more of the eligible program you may be required to report specific information regarding your business based on your program and requirements administered by the entity that funds the program.

Regardless of program eligibility all applicants are eligible for the free business consulting services and can register for any of the RBI educational/training and technical assistance programs that are offered. All training and educational programs can be found on the RBI website at: www.ruralbusinessinnovation.org/training

All clients receiving financial assistance must also provide semi-annual reporting which is managed through our comprehensive survey process. RBI prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and/or marital and family status.

RURAL BUSINESS INNOVATION IS AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE/LOAN PROVIDER.

Disclaimer: All financial assistance programs are subject to change without notice due to availability of funding. RBI is a public/private partnership that receives funding on an annual basis from government programs and private cash contributions.

Signature

Title

Printed Name

Date



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Official Use Only

Notes on Company Eligibility:

Program(s) Selected: _____

Referrals (if any) _____

Follow up date: _____ Action: _____

List of any additional documentation needed for specific programs: _____

Signed off on by: _____ Date: _____

RBI Representative: _____

Printed name and title