

## REAP BUSINESS PROFILE

### Existing or Startup Business

REAP will use this information as a baseline report of your business. This instrument is held in complete confidentiality at the REAP office.

Name: \_\_\_\_\_ Business Owner : Female \_\_\_ Male \_\_\_ Date \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Business Name: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ Bus. Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Web: \_\_\_\_\_

Marital Status: \_\_\_ Married, \_\_\_ Single, \_\_\_ Widowed Veteran Status: Yes \_\_\_ No \_\_\_ US Citizen: Yes \_\_\_ No \_\_\_

Ethnic Origin: \_\_\_ Black, \_\_\_ Am. Indian, \_\_\_ White, \_\_\_ Hispanic, \_\_\_ Asian, \_\_\_ Other

\*To be included in the online REAP Member Directory you must fill out the attached REAP Member Directory permission sheet.

1. How did you hear about REAP OR the REAP Women's Business Center? \_\_\_\_\_

2. What kind of business do you have or are you contemplating? (Describe what kind of service, what you sell, or what you make.)  
\_\_\_\_\_

3. Which categories below best describe your business or business idea? Check those that apply.

- |                                                              |                                                               |
|--------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> a. Agriculture                      | <input type="checkbox"/> g. Services - Agriculture            |
| <input type="checkbox"/> b. Construction                     | <input type="checkbox"/> h. Services – Automotive / Truck     |
| <input type="checkbox"/> c. Manufacturing – General          | <input type="checkbox"/> i. Services – Business &/or Personal |
| <input type="checkbox"/> d. Manufacturing – Crafts           | <input type="checkbox"/> j. Services – Financial              |
| <input type="checkbox"/> e. Manufacturing – Food Preparation | <input type="checkbox"/> k. Services – Recreational           |
| <input type="checkbox"/> f. Retail trade                     | <input type="checkbox"/> l. Miscellaneous                     |

4. Date you started your business or anticipate starting date. \_\_\_\_\_

5. What is the structure of your business? \_\_\_ Sole proprietorship \_\_\_ Partnership  
\_\_\_ Corporation \_\_\_ Limited Liability Company

6. What was your business gross revenue (sales/service) for the last 12 months? \$ \_\_\_\_\_

7. What is your family household size? # of Adults \_\_\_\_\_ # of Children (under 21) \_\_\_\_\_

8. What is your family income per year?

- |                                                           |                                                           |
|-----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> a. below \$9,999                 | <input type="checkbox"/> e. between \$25,000 and \$29,999 |
| <input type="checkbox"/> b. between \$10,000 and \$14,999 | <input type="checkbox"/> f. between \$30,000 and \$39,999 |
| <input type="checkbox"/> c. between \$15,000 and \$19,999 | <input type="checkbox"/> g. between 40,000 and 49,999     |
| <input type="checkbox"/> d. between 20,000 and 24,999     | <input type="checkbox"/> h. above \$50,000                |

9. What percentage of your total household income now comes from your business (if this is a new business, what percentage do you anticipate)?

- |                                           |                                        |
|-------------------------------------------|----------------------------------------|
| <input type="checkbox"/> a. less than 25% | <input type="checkbox"/> d. 75% to 99% |
| <input type="checkbox"/> b. 25% to 49%    | <input type="checkbox"/> e. 100%       |
| <input type="checkbox"/> c. 50% to 74%    |                                        |

- 10. What is the highest educational degree you have received? Check one.**  
 a. High school diploma  e. Four year college degree  
 b. GED (General Equivalency Diploma)  f. Masters or above  
 c. Vocational or technical training  g. Other, specify \_\_\_\_\_  
 d. Two year college degree
- 11. Do you have another job / work elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**Where?** \_\_\_\_\_  
**Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Number of hours/week \_\_\_\_\_**
- 12. What other sources of household income do you have besides your business and any other job?**  
 (EX: Public Assistance, Inheritance, Disability, etc.) \_\_\_\_\_
- 13. Within the last two years, have you received:**  
**a. Aid to Families with Dependent Children (AFDC) Yes \_\_\_\_\_ No \_\_\_\_\_**  
**b. Temporary Assistance to Needy Families (TANF) Yes \_\_\_\_\_ No \_\_\_\_\_**
- 14. Do you have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No**  
 If yes, do you have insurance through your business? Yes \_\_\_\_\_ No \_\_\_\_\_ OR do you have insurance through your employer (including spouse's employer)? Yes \_\_\_\_\_ No \_\_\_\_\_
- 15. Do you have employees? Yes \_\_\_\_\_ No \_\_\_\_\_** If yes, how many full-time? \_\_\_\_\_  
 How many part-time? \_\_\_\_\_
- 16. Do you use a computer in your business? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**Do you use the Internet in your day-to-day business activity? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**Do you have a website for your business? Yes \_\_\_\_\_ No \_\_\_\_\_**
- 17. Have you ever requested a bank loan for your business? \_\_\_\_\_ Yes \_\_\_\_\_ No**  
 Did you get it? \_\_\_\_\_ Yes \_\_\_\_\_ No If not, why? \_\_\_\_\_  
 If you answered yes, are you using the bank at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 18. What are the problems your business is facing now?** \_\_\_\_\_  
 \_\_\_\_\_
- 19. I would like to participate in the following activities of the REAP project.**  
 Borrow money  Yes  No  
 Attend training  Yes  No  
 Receive technical assistance for my business  Yes  No
- 20. What topics would you like covered in REAP training sessions?** \_\_\_\_\_  
 \_\_\_\_\_

DO NOT FILL OUT, for REAP Business Specialists:

Association \_\_\_\_\_

Roundtable \_\_\_\_\_

Individual Member \_\_\_\_\_

REAP Business Specialist \_\_\_\_\_

**REAP Member Directory Permission Sheet**

I/We give permission to the Rural Enterprise Assistance Project (REAP) to list information about my/our business on the online REAP Member Directory, located at [www.cfra.org/reap](http://www.cfra.org/reap).

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date*

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**1. Please fill out the following for inclusion on the online REAP Member Directory:**

(Please type or write neatly. This form can also be downloaded at [www.cfra.org/reap](http://www.cfra.org/reap))

Business Name \_\_\_\_\_

Name \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

One sentence description of business \_\_\_\_\_

**2. Please circle the category that best describes your business:**

Service            Crafts & Artisans            Retail            Food            Agriculture            Manufacturing/Wholesale

**3. Please list a sub-category that best describes your business (e.g. Construction, Clothing, etc.)**

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The REAP program is pleased to offer our member businesses an extensive online Member Directory. The directory serves two purposes, 1) as a networking tool for REAP members, and 2) as a marketing tool for your business. The directory will be promoted as a tool for people to purchase products or obtain services. The REAP Member Directory will be linked with some national websites for larger exposure. Please check it often and let us know of any changes needed. Also, keep us informed of any positive happenings from being listed on the site. Information changes should be sent to your area REAP Business Specialist or contact Peggy Mahaney, REAP Administrative Assistant at (402) 687-2103 ext. 1012 or [peggym@cfra.org](mailto:peggym@cfra.org). Please return this form to Center for Rural Affairs, PO Box 136, Lyons, NE 68038 %Peggy Mahaney. Thank you.