

RDRC Client Information Form

The Rural Development Resource Center maintains a database of contact information on services being provided to each client. It does so to ensure you are receiving timely and effective services to meet your needs and to understand what services are most in demand within the business and industry spectrum so that it can meet those demands. This information is completely confidential and will be used only for administrative management purposes. Thank you for your attention to detail to the following: *(You can use the tab key to maneuver through the document in order to fill in the blanks. Use your mouse or your space bar to mark boxes.)*

Date _____
Name _____ E-mail _____
Phone _____ Cell _____
Address _____
City _____ State _____ Zip _____ County _____

If you currently own a business: Business Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

Is this business: Full-Time Part-Time Occasional

If applicable, what is your preferred billing address? Home Business

What is **your preferred method for immediate contact** for schedule changes?

Phone # _____ E-mail _____

Have you previously been assisted by the RDRC? Yes No By Whom? _____

From which of the following program areas are you requesting services?

Business Feasibility Business Plan Development Iowa Sales Network

Business Plan Workshop Workshop Location _____

How did you hear about the RDRC? _____

Reporting of demographic information about those who access RDRC program services is required by the RDRC funding sources that make these services available. The following information will be provided to funders and partners in a format unassociated with your name or business name.

What is your gender? Male Female

What is your age range? 15-21 22-35 36-55 Over 55

Are you: disabled a veteran a disabled veteran

Are you: Caucasian African American Hispanic Asian Pacific Islander Native American

How many people are in your household? _____

Is there another adult in the household who is employed? Yes No

Is he/she employed: Full Time Part Time

Are you employed: Full Time Part Time

Are you employed by someone other than yourself? Yes No

In what area do you work? Government Retail Manufacturing Service

Other _____

Are you in a mid-management position or an upper-management position?

RDRC primary supporting partners include:

Southwest Iowa Coalition, ISU Extension and Wallace Foundation for Rural Research and Development.

RDRC programs are available to all without regard to race, color, national origin, religion, sex, age, or disability. EOE 03-2008

Please read the following carefully.

I understand that my participation in the RDRD program’s services is voluntary and that:

- the RDRD is a program of the Grow Iowa Foundation, an Iowa, non profit corporation with a 501 (c) (3) tax exempt status.
- The RDRD program was developed by Grow Iowa Foundation (GIF), Southwest Iowa Coalition (SWICO), Wallace Foundation for Rural Research and Development (WFRRD) and ISU Extension (ISUE) to support economic development activities throughout a rural 22-county region in southwest Iowa.
- The RDRD program is the beneficiary of start-up capital secured from local, private, state, and Federal organizations and agencies.
- the RDRD program is designed to offer a broad range of technical assistance services to assist people with the acquisition of skills and/or development of the tools necessary to successfully start, expand, manage and secure financing for business ventures.

I also understand that the RDRD business development specialists have agreed: (1) not to recommend goods or services in which they have an interest and (2) not to contract independently of the RDRD with any person who receives the RDRD services until one year has passed from their last date of services with RDRD.

With these understandings, I request services from the RDRD’s program **and I agree to the following releases:**

Release of Liability: In consideration of RDRD furnishing technical assistance, I hereby waive all claims, demands, and causes of action of every nature (that I have or ever claim to have) arising from said assistance (or in any way related to said assistance or to the release of information concerning me or my business) against RDRD, its agents, employees, officers, representatives, and/or GIF, SWICO, WFRRD and ISUE funders or program evaluators, their agents, employees, officers, representatives, and I forever release and discharge said organizations and persons from all liability whatsoever.

OPTIONAL RELEASES

It is crucial that all impacts and operational successes of the RDRD program be documented to support all past, present, and future investments and to promote the program to others for long-term sustainability.

We hope you will consider the additional releases below so that GIF, SWICO, WFRRD and ISUE, the founding regional development organizations of the RDRD program, may report about, promote, and publicize the RDRD program in order to sustain this valuable economic development program for the region. The following releases are not necessary for you to receive services.

Optional Releases: In addition to the above agreement, I understand that I can agree to any, all, or none of the five options below. Furthermore, I understand that my refusal to agree to any of the following will not limit my access to program services. Place a check mark in the appropriate boxes.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I agree to allow the RDRD to use my name and business name in connection with the RDRD publicity about its program.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I agree, if asked, to talk with program evaluators about my experiences with the RDRD’s program.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I hereby authorize any lending institutions, from which I receive a loan, as a result of the business plan developed with business technical assistance from RDRD, to release information on the loan terms to the to RDRD, if requested.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I agree to allow the RDRD program to use photographs of me in program settings for publicity and publications.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I agree to allow the RDRD program to use my name, in association with any spontaneous statements or requested statements of support I make as testimonials, to promote the RDRD program through printed, electronic and audio mediums.

Signature of client _____ Date _____

printed name of client _____

Your typed signature above, if you are submitting this form electronically, constitutes a written signature.

You can submit this for to engage services at rdrd@enterprisingiowans.com .