



## Technical Assistance Program (TAP) Application



To be completed by business owner. Please PRINT or TYPE.	
Today's Date:	Date of Legal Business Formation:
Business Name:	
Business Legal Status:	
Business Description:	

Business Information				
Street Address	Suite, Unit, Floor	City	State	Zip Code
Website Address		Business Phone		

Business Owner's Home Address				
Street Address	Suite, Unit, Floor	City	State	Zip Code

Principal Owner(s)		
First Name	Last Name	% Ownership

Principal Contact		
First Name	Last Name	Title
Business Phone	Mobile Phone	Email Address

Business Data				
Business Type	Services	Manufacturing	Retail	Wholesale
# of current employees			Do you own or lease property?	
# full-time (more than 40 hours/week)			What is the square footage?	
# part-time (less than 40 hours/week)			What percentage of your business income is from the defense sector?	

Please describe the business problems or issues you would like to address with a consultant from the Programs.



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Readiness Assessment	Yes	No
1. Are you now working with or have you previously worked with a business assistance provider?		
2. Do you want to grow your business?		
3. Do you compensate yourself?		
4. Do you, your officers and your key employees have current resumes?		
5. Do you have current financial statements for your business?		
6. Do you have profit and loss statements and a balance sheet?		
7. Have your financial statements been prepared in accordance with generally accepted accounting principles or an accepted cash basis?		
8. Is your firm currently operating with adequate working capital (monthly cash flow exceeds monthly expenses)?		
9. Do you have any lines of credit?		
10. Do you believe that you have sufficient lines of credit to finance your firm's operations?		
11. If you have received a business loan, is the loan in good standing?		
12. Do you know if a security clearance or special type of certification is required for your business as it relates to obtaining federal contracts?		
13. Does your company have or is your company preparing a marketing plan with defined goals and strategies?		
14. Does your company have the financial resources to actively support the marketing of your products in targeted markets?		
15. Does your company have sufficient production capacity that can be committed to contracts, should they be awarded?		

Printed Name	Signature

Job Title	Date

*Submit completed forms to Michael.Cline@SierraVistaAZ.gov or Tony.Boone@SierraVistaAZ.gov. Forms can also be dropped off or mailed to Tony Boone, Sierra Vista City Hall at 1011 N. Coronado Drive, Sierra Vista, AZ 85635.*