



# MSBDC Economic Impact Attribution Form

All data is held in strict confidence.

<b>CLIENT INFO</b>	Client Name	
	Business Name	
	Primary Business Consultant	
	Center #	
	Client ID	

<b>DID YOU START YOUR BUSINESS?</b>	Business Start Date	
	Number of Employees: Including Owner(s)	
	Full Time (35+ Hours/Week)	
	Part Time (Less than 35 Hours/Week)	

<b>HAVE YOU RAISED CAPITAL?</b>	<b>LOAN TYPE</b>	<b>AMOUNT</b>	<b>DATE (Month/Year)</b>
	Commercial or Bank Loan	\$	
	SBA Loan	\$	
	State Loan	\$	
	Disaster Loan	\$	
	Other Loan	\$	
	Owner Investment	\$	
	Investor Equity	\$	
Other Financing	\$		

<b>SALES (Most recent full business year.)</b>	<b>Business Revenue</b>	<b>Monthly</b>	<b>Yearly</b>
	Current Sales	\$	\$
	Annual Sales	\$	\$
	Increase in Sales	\$	\$

<b>DID YOUR BUSINESS RECEIVE A U.S. GOVERNMENT CONTRACT?</b>	<b>CONTRACT TYPE</b>	<b># OF CONTRACTS</b>	<b>AMOUNT</b>	<b>DATE (Month/Year)</b>
	DOD Prime		\$	
	DOD Sub		\$	
	Federal Prime		\$	
	Federal Sub		\$	
	State Prime		\$	
	State Sub		\$	
	Local Prime		\$	
Local Sub		\$		

<b>DID YOUR BUSINESS RECEIVE A PRIVATE/COMMERCIAL CONTRACT?</b>	<b>CONTRACT TYPE</b>	<b># OF CONTRACTS</b>	<b>AMOUNT</b>	<b>DATE (Month/Year)</b>
	Private/Commercial		\$	

**I attribute that the assistance provided by the Mississippi SBDC Network contributed to the results shown above.**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SBDC Signature: \_\_\_\_\_

Date: \_\_\_\_\_