



Akiptan
 PO Box 858
 412 S. Main St., Suite E
 Eagle Butte, SD 57625

tel 605.964.8081
 fax 605.964.8082
 email info@akiptan.org
 www.akiptan.org

INTAKE

Today's Date: _____

CONTACT INFORMATION			
NAME (FIRST, MIDDLE, LAST):		EMAIL:	
MAILING ADDRESS:		CITY:	STATE:
PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS):		CITY:	STATE:
COUNTY OF OPERATION:			
CELL PHONE:		WORK PHONE:	HOME PHONE:
WHAT IS THE BEST WAY TO CONTACT YOU?		WOULD YOU LIKE TO BE INCLUDED ON OUR MAILING LIST FOR NEWSLETTERS?	
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU APPLYING AS AN INDIVIDUAL OR AS A BUSINESS?			
<input type="checkbox"/> Individual <input type="checkbox"/> Business			
HOW DID YOU HEAR ABOUT US?			
<input type="checkbox"/> Radio <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Pamphlet <input type="checkbox"/> Bulletin <input type="checkbox"/> Email <input type="checkbox"/> Word of Mouth		<input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> LinkedIn <input type="checkbox"/> Instagram <input type="checkbox"/> YouTube <input type="checkbox"/> Other Social Media (please specify): _____ <input type="checkbox"/> The Tribe	
		<input type="checkbox"/> An Event (please specify): _____ <input type="checkbox"/> Community Entity (please specify): _____ <input type="checkbox"/> Local or Regional Organization (please specify): _____ <input type="checkbox"/> Other (please specify): _____	
WHERE DO YOU GET MOST OF YOUR NEWS/INFORMATION FROM?			
<input type="checkbox"/> Radio <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Pamphlet <input type="checkbox"/> Bulletin <input type="checkbox"/> Email <input type="checkbox"/> Word of Mouth		<input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> LinkedIn <input type="checkbox"/> Instagram <input type="checkbox"/> YouTube <input type="checkbox"/> Other Social Media (please specify): _____ <input type="checkbox"/> The Tribe	
		<input type="checkbox"/> An Event (please specify): _____ <input type="checkbox"/> Community Entity (please specify): _____ <input type="checkbox"/> Local or Regional Organization (please specify): _____ <input type="checkbox"/> Other (please specify): _____	

ABOUT YOU	
<p>Our organization is frequently funded by the Federal Government and as such we request your gender and race/ethnicity in order to comply with Federal laws prohibiting discrimination against applicants seeking to participate in programs. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to complete the information below, we are required to note the race and ethnicity of applicants on the basis of visual observation or surname.</p>	
GENDER:	DATE OF BIRTH (MM/DD/YYYY):
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Refuse to answer <input type="checkbox"/> Other	
RACE/ETHNICITY (SELECT ALL THAT APPLY):	
<input type="checkbox"/> African American <input type="checkbox"/> American Indian (Tribe: _____) <input type="checkbox"/> Alaska Native (Village: _____)	<input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino or Hispanic <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> N/A
MARITAL STATUS:	
<input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> In a relationship <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Civil Union <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Separated



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HIGHEST EDUCATION LEVEL COMPLETED (CHOOSE ONE):		
<input type="checkbox"/> Some high school or less	<input type="checkbox"/> Some college (no degree)	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> High school diploma	<input type="checkbox"/> Associates degree or similar (vocational or technical degree)	<input type="checkbox"/> Advanced degree (master's, doctorate, etc.)
<input type="checkbox"/> GED		
EMPLOYMENT STATUS (SELECT ALL)		
<input type="checkbox"/> Regular Employment	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed
ADDITIONAL PERSONAL IDENTIFICATIONS:		
<input type="checkbox"/> Head of Household	<input type="checkbox"/> LGBTQIA+	<input type="checkbox"/> Person with a Disability
		<input type="checkbox"/> Veteran
		<input type="checkbox"/> N/A
HOW MANY YEARS HAVE YOU BEEN OPERATING? (IF YOU ARE A START UP OPERATION, PLEASE PUT A 0)		

OUTCOME INFORMATION		
HOUSEHOLD SIZE (NUMBER OF PEOPLE, INCLUDING CHILDREN, THAT SHARE INCOME AND EXPENSES IN YOUR HOUSEHOLD):		
_____	+	_____ = _____
Number of Adults Over 18 (including yourself)		Number of Children Under 18
		Total Size of Household
GROSS ANNUAL EARNED INCOME FOR YOUR HOUSEHOLD (E.G. TOTAL WAGES, SELF EMPLOYMENT INCOME, ETC. EARNED BY YOUR HOUSEHOLD BEFORE TAXES)		
PLEASE SPECIFY WHAT TYPE OF PRODUCER YOU ARE AND WHAT PRODUCE AND/OR LIVESTOCK YOU MANAGE:		
<input type="checkbox"/> Farmer →	<input type="checkbox"/> Beans/Pulses (peas, beans, chickpeas) <input type="checkbox"/> Cereals (wheat, corn, barley) <input type="checkbox"/> Cotton <input type="checkbox"/> Fruit <input type="checkbox"/> Hay/Forage <input type="checkbox"/> Pasture/Grass <input type="checkbox"/> Oil Seeds	<input type="checkbox"/> Root/Tuber (potatoes, yams, etc.) <input type="checkbox"/> Nuts <input type="checkbox"/> Spices <input type="checkbox"/> Sugars/Starches <input type="checkbox"/> Vegetables <input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Rancher →	<input type="checkbox"/> Alpacas <input type="checkbox"/> Bison <input type="checkbox"/> Cattle: Meat <input type="checkbox"/> Cattle: Dairy <input type="checkbox"/> Chickens <input type="checkbox"/> Donkeys <input type="checkbox"/> Ducks	<input type="checkbox"/> Elk <input type="checkbox"/> Emus <input type="checkbox"/> Geese <input type="checkbox"/> Goats <input type="checkbox"/> Horses <input type="checkbox"/> Mules <input type="checkbox"/> Oxen <input type="checkbox"/> Pigs <input type="checkbox"/> Rabbits <input type="checkbox"/> Sheep <input type="checkbox"/> Turkeys <input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Foraged Products →	Please list: (nuts, plums, chokecherries, timsula, wild onions, mint, etc.)	
<input type="checkbox"/> Gardening →	Please list: (tomatoes, squash, lettuce, etc.)	
<input type="checkbox"/> Hunting/Fishing →	Please list: (examples include deer, antelope, elk, moose, whales, seals, salmon, fish, clams, quahogs, etc.)	
<input type="checkbox"/> Forestry/Fishery		
<input type="checkbox"/> Value-Added →	Please specify: (fruits made into pies or jams, meats made into jerky, tomatoes and peppers made into salsa):	
<input type="checkbox"/> Other (please specify):	_____	

¹ A beginning producer is typically someone with five or less years' management experience.



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# EMPLOYEES (NOT INCLUDING YOURSELF):	
HAVE YOU APPLIED FOR A LOAN IN THE PAST FIVE YEARS?	
<input type="checkbox"/> Yes →	<input type="checkbox"/> No
Were you approved for the loan?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
DO YOU HAVE CONSERVATION PRACTICES ON YOUR OPERATION?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

FINANCIAL WELLNESS

PLEASE CHECK THE BOX THAT DESCRIBES YOUR RESPONSE TO EACH STATEMENT.

I HAVE A....	YES	NO	I DON'T KNOW
Business Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash Flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Succession Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form Closing & SBA Navigators Disclosure

I am requesting business counseling services from Akiptan, who is also an SBA navigator. I agreed to cooperate should I be selected to participate in surveys designated to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes No).

I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Community Navigator and host organizations, arising from this assistance.

Purpose of Collection: The information in this form is provided by the Community Navigator grantees and the individuals and businesses seeking assistance from such grantees. SBA is collecting this information for purposes of its oversight and management of the Community Navigator Program authorized under Sec. 5004 of the American Rescue Plan Act of 2021, and to ensure program equity and integrity. Information collected will only be published in summary or aggregate form as a means of providing SBA management officials, Congress, the White House and OMB with reports on program activity and participant outcomes. SBA expects to produce annual reports to the White House, OMB and Congress on the impact of the Community Navigator Pilot Program leveraging aggregate data to illustrate program objectives and outcomes have been met. Please note, SBA may match Form 3516 information with other data sets for program evaluation purposes. In all cases, SBA will protect individual privacy and confidentiality and only aggregate and summary data would be published. Except where indicated otherwise, collection of the information is required to comply with the terms of the Community Navigator award and is important to SBA to help assess how well the program is serving different communities and to ensure equitable access to the program. Navigators will submit information to SBA according to the terms of their notice of award.

 Signature

 Date