



New Mexico Small Business Assistance Program Request for Assistance

Date: _____

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My company is located in New Mexico. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My company is a small business (per US Small Business Administration guidelines). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My company is a for-profit business. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My business pays gross receipts taxes to the State of New Mexico. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My company is US owned and operated (Not foreign owned or controlled). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My company is a subsidiary. |

Company Name:				
Contact Name:			Title:	
Address:	City	County	State:	Zip:
Phone:	Fax:	E-mail		
Lab employee to assist (if known):			Lab Preference: <input type="checkbox"/> SNL <input type="checkbox"/> LANL <input type="checkbox"/> No Preference	
In what year was your company incorporated or started? _____				
Do you, any member of your family, and/or any employee or owner have an affiliation with SNL or LANL? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, please qualify/describe: _____				
Company Category:				
<input type="checkbox"/> Agriculture & Natural Resources		<input type="checkbox"/> Education Services, Health Care, & Social Assistance		
<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Oil & Gas, Utilities, Mining, Quarrying Construction		
<input type="checkbox"/> Media & Hospitality		<input type="checkbox"/> Professional, Scientific, & Technical Services		
<input type="checkbox"/> Retail and Wholesale Trade, Transportation & Warehousing		<input type="checkbox"/> Other Services (except Public Administration)		
<input type="checkbox"/> Real Estate, Rental & Leasing, Finance & Insurance, Mgt of Companies & Enterprises, Admin & Support, Waste Mgt & Remediation				
How did you hear about the NMSBA program?				
Assistance Requested:				
Economic Impact: Do you think the project will result in...				
<input type="checkbox"/> Attracting funding/financing	<input type="checkbox"/> Decreased Operating or Production Costs	<input type="checkbox"/> Increased Production		
<input type="checkbox"/> Cost Avoidance	<input type="checkbox"/> Improvement in Efficiency	<input type="checkbox"/> Investment in NM goods and services		
<input type="checkbox"/> Creation of a new Product/Market	<input type="checkbox"/> Improvement in a Product			
<input type="checkbox"/> Created or Retained Jobs	<input type="checkbox"/> Increased or Improved workforce skill level			

SUBMIT COMPLETED FORM TO:
 Sharon Evans, PO Box 5800, MS-1495
 Albuquerque, NM 87185-1495
FAX: (505) 284-9551
EMAIL: sfevans@sandia.gov