



Community Economic Development Small Business Program

PART I: Personal Information:

Today's Date: _____

Your Name: _____

Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Race/Ethnicity: _____

Are you the primary business contact? yes no E-mail: _____

Cell Phone (____) _____ Is it ok to Text you? Yes/no

Other Phone: (____) _____ (if applicable)

How many people are in your household? _____ adults _____ children

What is your total household annual or monthly gross income? \$ _____

Sources of income: _____

PART II: BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Business Phone: (____) _____ (if different)

Business E-mail: _____ (if different)

List all business owners: _____

Is the business minority-owned? Yes No Is the business women-owned? Yes No

Please describe what your business does? Services, etc.

PART III: LEGAL ASSISTANCE: What business law services do you think you will need?

- Contract Review/Termination
- Lease Review/Termination
- Employment Termination Issues including layoffs, severance, furlough
- Insurance issues including Unemployment Insurance, Paid Family Leave, PTO, etc.
- Disability/Workman's Compensation
- Tax Concerns
- SBA loan concerns
- Other (please describe): _____

Please describe in your own words what the legal issue is:

Is the legal issue COVID-19 related? Yes NO

If yes, how?

If there is an opposing party, what is their name?

Please return this form to Sally Curran at scurran@vlpcny.org and Adam Martin at amartin@vlpcny.org or via fax to 315-939-1466.

Thank you!