Illinois Entrepreneurship Network

Economic Impact Survey
Illinois Procurement Technical Assistance Center

John A. Logan College
Lyndsay Hughes, Director
Ph: 618-985-2828x8571/Fax: 618-985-2867
lyndsayhughes@jalc.edu

PART I: CLIENT INFORMATION:

1. Client Name (last, First, MI):	2. Company Name:

Please update the following information if it has changed from your last report: 3 through 13

3. Telephone:		4. Fax Number:		
Primary:	Secondary:			
5. Street Address/P.O. Box:	6. City:	7. State:	8. Zip Code:	9. Zip +4:

10. Is the client currently in business:	11. Month & Year Business Started:	12. Total No. of Employees: (full & PT)	13. As of the most recent counseling date and for the most recent year, what are the client's annual:
☐ Yes ☐ No			Gross Revenues/Sales $_____ +Profits/-Losses $_____

PART II: ECONOMIC IMPACT:

14. As a result of the assistance given to our company by the Illinois Procurement Technical Assistance Center (PTAC) at *(Local Center Information Here,* I am pleased to inform you that we have received the following government contract(s) for the time period of ____/____/____ to ____/____/____. (If subcontracted, please list the purchasing agency and prime contractor).

15. Purchasing Agency Contract Number	Dollar Amount	Contract Type**	Product/Service	Agency Type*	Date of Award	Jobs Created	Jobs Retained

16. Number of Bids Submitted:	** Contract Type Classifications: P – Prime Contractor S - Subcontractor	* Agency Type Classifications: (D – DoD) (F – Federal) (S – State) (O – Other)

The results indicated above can be attributed to the assistance received from the Illinois Procurement Technical Assistance Center at John A. Logan College

Client Signature: **Date:**

ANY CHANGES TO THIS FORM OR THE USE OF ANY OTHER INTAKE FORMS MUST HAVE PRIOR WRITTEN APPROVAL OF THE SMALL BUSINESS DEVELOPMENT CENTER STATE DIRECTOR **Updated 8/7/2006**