



STEP GRANT CLIENT ELILGIBILITY INTAKE (COVER)

Business/Organization Name: _____

Type of Business: _____

Contact Name & Title: _____

Business address: _____

Office Phone: _____ Email Address: _____

QUESTIONS:

1.) Has your business ever used STEP grant funds in the past? If so, for what purpose and what was the outcome?

2.) What is your business requesting STEP grant funding for at this time?

3.) How many personnel does your business currently employ? _____

FORM CHECKLIST: *Please be sure to return all forms.*

- U.S. Small Business Administration. Self-Representation As An “Eligible Small Business Concern”.
- U.S. Small Business Administration. Debarment and Suspension
- STEP grant intake form

Forms: Please scan and email back to Trish Watkins, plwatki@uark.edu