**Small Supplier Project Application**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | |  |  | |
| Full Name: | | | |  | | |  | |  | | | | | Date: |  | |
|  | | | | *First* | | | *M.I.* | | *Last* | | | | |  | | |
|  | | | | | | | | | | | | | | | | |
| Email: |  | | | | | | | | | | | Phone Number: | | |  | |
|  | | | | | | | | | | | | | | | | |
| Job Title: | | | |  | | | | | | Company Name: | | | |  | | |
|  | | | | | | | | | | | | | | | | |
| Company Website: | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Gender: | | Male  Female | | | | Race: | | American Indian  Asian  African American  Native Hawaiian or Pacific Islander  Caucasian  Hispanic or Latino or Spanish Origin | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Veteran: | | | Yes  No | | | | | | | | Disabled: | | Yes  No | | | |
|  | | | | | | | | | | | | | | | | |
| Business Address: | | | | |  | | | | | | | | | | |  |
|  | | | | | *Street Address* | | | | | | | | | | | *Suite/Unit #* |
|  | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | |  | | | | |  | |
|  | | | | | *City* | | | | | *State* | | | | | *Zip* | |
|  | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | |  | | | | | | | | | | |  |
|  | | | | | *Street Address* | | | | | | | | | | | *Suite/Unit #* |
|  | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | |  | | | | |  | |
|  | | | | | *City* | | | | | *State* | | | | | *Zip* | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility Information** | | | | | | | | |
|  | | | | | | | | |
| Type of Facility: | Primary Production  Manufacturing | | | | Size of Facility: | |  | |
|  | | | | | | | | |
| # of Employees: |  | | Hours of Operation: |  | | # of Shifts: | |  |
|  | | | | | | | | |
| Annual Net Income: | |  | | | | | | |
|  | |  | | | | | | |
| Scope of Facility (What do you produce/manufacture?): | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |

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| **Questionnaire** |
| How long have you been in business? |
|  |
|  |
| What have you done in the past three years to increase your site’s food safety? |
|  |
|  |
| How does your company benefit your local community (e.g. employ locally, donations, volunteer work, etc.)? |
|  |
|  |
| What type of assistance do you need (e.g. finances/resources, crisis assistance, legal help, growth opportunities, food safety or quality, organic/sustainability, conservation of land or energy, etc.)? |
|  |
|  |
| Please list details of what you need assistance with: |
|  |
|  |
| Have you applied for help with other organizations? If yes, please explain: |
|  |
|  |
| How did you hear about Show Me Food Safety? |
|  |
|  |