**Small Supplier Project Application**

|  |
| --- |
| **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?): |
|       |
|  |

**Small Supplier Project Application**

|  |
| --- |
| **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? |
|       |
|  |