



## 2020-2021 Partnership Form

Business Name: \_\_\_\_\_

Business Owner/President/CEO: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Website Address: \_\_\_\_\_

Does your business have the following social media accounts:

Facebook: Yes/No

Instagram: Yes/No

Twitter: Yes/No

YouTube: Yes/No

Number of Employees: \_\_\_\_\_ How many are part-time? \_\_\_\_\_

What is the biggest issue your business is facing right now? \_\_\_\_\_

What is the second? \_\_\_\_\_

What information do you need right now? \_\_\_\_\_

What resource do you need right now? \_\_\_\_\_

