



Date: _____

Client Evaluation Sheet

Client's Name: _____

Business Name: _____

Address: _____

Phone: _____

Email: _____

Requested Services: (Please Circle)

- | | |
|-----------------------------------|-------------------------------|
| Administrative Outsourcing | Administrative Support |
| Administrative Training | Compliance Monitoring |
| MBE/WBE Certification | Marketing Support |
| Networking Events | Start Up Assistance |

New Client: Yes No

MBE/WBE Certified: Yes No Agency _____

Business Size: Small Medium Large Corporation

Minimum Contract \$ _____ Maximum Contract \$ _____

Specific Services: _____



For BUL Community Navigator Use Only:

Date: _____

Client Name: _____

Business Name: _____

How did you hear about CASNY? _____

Services to Provide: _____

Referrals: BUL Client: _____ Pursuit Client: _____

Free Services: Yes No

Hourly Rate: Yes No Rate: _____

Contract: Yes No Value: _____

Follow Up Date: _____

Notes:

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