



**DATA COLLECTION
CNMI STEP PROGRAM**
(For Eligible Small Business Concerns)



Name:		E-mail:	
Street Address/PO Box:	City:	State:	Zip Code:
Telephone Contacts:			
Primary:	Secondary:	Mobile:	Fax:
Business Affiliation:		Position:	

Required for Reporting Purposes:

In Business: <input type="checkbox"/> YES <input type="checkbox"/> NO	Owner: <input type="checkbox"/> YES <input type="checkbox"/> NO	Startup: <input type="checkbox"/> YES <input type="checkbox"/> NO	With a Disability: <input type="checkbox"/> YES <input type="checkbox"/> NO
Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Non-Veteran		Military status: <input type="checkbox"/> Reserve or National Guard <input type="checkbox"/> On Active Duty	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity: <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Non-Hispanic Origin	
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black-African American <input type="checkbox"/> White <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/ other Pacific Islander			
<p>In consideration of the CNMI STEP PROGRAM furnishing management or technical assistance or training, I waive all claims against the CNMI STEP personnel, and its resource partners paid and volunteer resources arising from this assistance.</p> <p>Signature: _____ Date: _____</p>			

FOR OFFICIAL USE:

Category: <input type="checkbox"/> Attendee <input type="checkbox"/> Guest <input type="checkbox"/> Participator <input type="checkbox"/> Student
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