



Indiana Cooperative Development Center
Request for Technical Assistance

NAME OF GROUP:	
Contact person:	Phone Number:
Address:	Email Address:
	Web Address:
Agricultural Cooperative/Group? <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Agricultural Cooperative/Group? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Cooperative (Please check all that apply) <input type="checkbox"/> Purchasing <input type="checkbox"/> Processing <input type="checkbox"/> Marketing <input type="checkbox"/> Housing <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Tourism <input type="checkbox"/> Other (please indicate): _____ _____ _____	Business Status: <input type="checkbox"/> Pre-Venture <input type="checkbox"/> In Business If in business, how has the business been in operation? <input type="checkbox"/> < 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> > 3 years
Please indicate the county or counties where members of the proposed venture is located:	
_____ _____	
Has your group previously received technical assistance from other organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what other organizations have assisted your group? (Please check all that apply) <input type="checkbox"/> Local Chamber of Commerce <input type="checkbox"/> Local Farm Bureau <input type="checkbox"/> College/University <input type="checkbox"/> SCORE Executive <input type="checkbox"/> Government Agency <input type="checkbox"/> Legal Counselor <input type="checkbox"/> Cooperative Extension Service <input type="checkbox"/> Other Existing Cooperative <input type="checkbox"/> Small Business Development Center Counselor <input type="checkbox"/> ICDC Cooperative Enterprise Network <input type="checkbox"/> Local Economic Development Professional <input type="checkbox"/> Other _____	
Best Practices Check List ICDC believes there are many stages and steps to effective business development. Many new business ventures require education and assistance during the initial start up. A list of Best Practices has been developed to guide groups through the process of starting a new business. The ICDC strongly encourages each client to follow these Best Practices , therefore please indicate on the chart below the present status of your group by indicating which activities have been completed.	
<input type="checkbox"/> An idea has been discussed among a small <input type="checkbox"/> A group of potential cooperative members <input type="checkbox"/> Steering committee established <input type="checkbox"/> Mission and vision developed <input type="checkbox"/> Action items have been established with timelines <input type="checkbox"/> Articles of Incorporation filed <input type="checkbox"/> Bylaws have been adopted <input type="checkbox"/> Board of Directors has been formed	<input type="checkbox"/> Financing has been discussed with lenders <input type="checkbox"/> Market analysis <input type="checkbox"/> Feasibility study <input type="checkbox"/> Business plan <input type="checkbox"/> Management and employees hired <input type="checkbox"/> Operations have begun

**Indiana Cooperative Development Center (ICDC)
Technical Assistance Agreement**

I, _____, representing the _____ cooperative/collaborative group agree to participate in the above best practices. I have discussed the process with an ICDC staff member and/or a Cooperative Enterprise Network member responsible for the project. We have agreed to a course of action that clearly outlines our activities over an established time frame. I further agree that the group will provide assistance in the formation of a steering committee to conduct sufficient due diligence during the initial start-up of the cooperative/collaborative business.

In addition, I understand that funding for services by the Indiana Cooperative Development Center is provided by the USDA Rural Development, Rural Cooperative Development Grant, from federal funds and there will be no charge to our cooperative/collaborative group for such services. I agree that all activities conducted will be under the auspices of the Indiana Cooperative Development Center and its partners.

Enrollment requested by:

_____ Date _____
Cooperative/Collaborative Group

Please return this form to:

Indiana Cooperative Development Center, 225 S. East St., Suite 737, Indianapolis, 46202 or
Fax: 317-692-7707

Office Use Only

Follow up evaluation: Date sent: _____ Date returned: _____