



ARC WA Client Assistance Request Form

Help us understand your innovation so we can best advise you.

Name of Business: _____

Name of Main Contact: First Name: _____ Last Name: _____

Email: _____ Website: _____

Location of Business (Zip Code): _____ Which state is the business registered in? _____

Name of Current Project/Product: _____

Short overview or key words describing innovation:

What stage is this project in? Conceptual Prototype Testing Finished product

What assistance are you looking for? _____

Which federal agency are you interested in working with? _____

Are you in SAM.gov? _____ UEI: _____

If you are planning on submitting a proposal currently:

Which agency: _____ Which topic: _____

Phase 1 Phase 2 SBIR STTR Date Due: _____

Notes: _____

Return this form as an attachment to: kate@arcwa.info
*If you have a one page outline of your product, please include
Please do not write below this line*

ARC WA Notes area:

ARC WA Advisor: _____ Initial Meet date: _____

Referred to: _____

NOTES:

