

U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324 Expiration Date: 11/30/2013
Client Number: Location Code:
Initials of Data Inputter:

 Name of the Office Providing the Service City/State of Office Location 		1a. Type of Client:	Face to Face Onlin	ne Telephone	
PART I: Client Request for Counseling					
3. Client Name (Name of the person comple (Last, First, MI)		of the business)	4. Email		
5. Telephone Primary	Secondary		6. Fax		
7. Street Address/PO Box (Give business ac) 8. City	9. State	10. Zip +4	
11. I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes No No I). I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance. Please note: The estimated burden for completing this form is 18 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3 rd Street, SW, Washington, DC 20416, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB.					
12. Preferred date & time for appointment Date: Time:	t 13. Client Signature		Da	te:	
PART II: Client Intake (To be completed by all Clients)					
14. Race (Mark one or more)	e Hawaiian or Other Pacific Islan	15. Ethnicity Hispanic or Lat Not Hispanic or		17. Do you consider yourself a person with a disability? ☐ Yes ☐ No	
18. Veteran Status: Non-Veteran Veteran					
19. Referred by? (Mark all that apply) SBA District Office SBDC Other Client Magazine/Newspaper Other (specify) Lender SUSEAC Educational Institution Word of Mouth Business Owner SCORE Local Economic Development Official SBA Web site WBC Chamber of Commerce Internet (please indicate website)					
20a. Are you currently in business?					
21. Name of Business					
22. Type of Business (choose primary category) ☐ Professional, Scientific & Technical Services ☐ Mining ☐ Manufacturing ☐ Real Estate & Rental & Leasing ☐ Management of Companies & Enterprises ☐ Utilities ☐ Finance & Insurance ☐ Health Care & Social Assistance ☐ Agriculture, Forestry, Fishing & Hunting ☐ Information ☐ Wholesale Trade ☐ Accommodation & Food Services ☐ Administrative & Support ☐ Construction ☐ Public Administration ☐ Arts, Entertainment & Recreation ☐ Waste Management & Remediation Services ☐ Retail Trade ☐ Educational Services ☐ Transportation & Warehousing ☐ Other Services (except Public Administration)					
23. Business Ownership What percentage o your business is male or female owned?% Male% Female	f 24. Date Business Started?(MM/YYYY)		26a. Are you a home 26b. Are you 8(a) cert	pased business? ☐ Yes ☐ No ified? ☐ Yes ☐ No	
(Full & PT)27b. Of total employees, how many are engaged in the exporting aspect of your	28a. For your most recent f were your: Gross Revenue +Profits/-Losses 28b. Amount of your Gross related to exporting \$	ss/Sales \$ s \$	Sole Proprietorship ☐ Corporation ☐ LLC ☐ S-Corporation ☐ Partnership		
30. What is the nature of counseling you a	re seeking? (Choose primary	category)			
small business?) Business Plan Financing/Capital (such as applying for a loan, building equity capital) Managing a Business	ess?) Managing Employees Customer Relations Dital (such as applying building equity capital) Managing Employees Customer Relations Display Business Accounting/ Budget Research, pricing, etc.) Government Contracting (includence) certifications) Franchising			☐ Technology/Computers ☐ eCommerce (using the	
Describe specific assistance requested in the space provided					