



U.S. Small Business Administration
Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 10/31/2017

Client Number:
Location Code:
Initials of Data Inputter:

1. Name of the Office Providing the Service
2. City/State of Office Location
1a. Type of Client: Face to Face Online Telephone

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business)
4. Email
5. Telephone Primary Secondary
6. Fax
7. Street Address/PO Box (give business address if currently in business)
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). 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. Use of Information: The information in this form is to be provided by individuals and business seeking technical assistance services from the Small Business Administration (SBA) or an SBA Resource Partner. The information is collected to help SBA's continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. The form should be submitted at the site of service to the counselor providing the service. Resource Partners will submit information to SBA according to the terms of their notice of award.

12. Preferred date & time for appointment Date: Time:
13. Client Signature Date:

PART II: Client Intake (to be completed by all Clients)

14. Race (mark one or more)
15. Ethnicity
16. Gender
17. Do you consider yourself a person with a disability? Yes No

18. Veteran Status Non-Veteran Veteran Service-Disabled Veteran
18a. Military Status Member of Reserve or National Guard On Active Duty

19. Referred by? (Mark all that apply)
SBA District Lender Business Owner SBA Web site
SBDC USFAC SCORE WBC
Other Client Educational Institution Local Economic Development Official Chamber of Commerce
Magazine/Newspaper Word of Mouth Television/Radio Internet (please indicate website)
Other (specify)

20a. Are you currently in business? Yes No (if no, skip to 30)
20b. If yes, are you currently exporting? Yes No
If yes to 20b, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).

21. Name of Business

22. Type of Business (choose primary category)
Mining Utilities Information Construction Retail Trade
Manufacturing Finance & Insurance Wholesale Trade Public Administration Educational Services
Real Estate & Rental & Leasing Health Care & Social Assistance Accommodation & Food Services Arts, Entertainment & Recreation Transportation & Warehousing
Professional, Scientific & Technical Services Management of Companies & Enterprises Agriculture, Forestry, Fishing & Hunting Administrative & Support Waste Management & Remediation Services Other Services (except Public Administration)

23. Business Ownership - What percentage of your business is male or female owned? % Male % Female
24. Date Business Started?(MM/YYYY)
25. Do you conduct business online? Yes No
26a. Are you a home based business? Yes No
26b. Are you 8(a) certified? Yes No

27a. Total No. of Employees (full & PT)
27b. Of total employees, how many are engaged in the exporting aspect of your business: (Full & PT)
28a. For your most recent full business year, what were your: Gross Revenues/Sales \$ +Profits/-Losses \$
28b. Amount of your Gross Revenues/Sales related to exporting \$
29. What is the legal entity of your business? Sole Proprietorship S-Corporation Other (specify) Corporation Partnership LLC

30. What is the nature of counseling you are seeking? (Choose primary category)
Start-up Assistance (How do I start a small business?) Business Plan Financing/Capital (such as applying for a loan, building equity capital) Managing a Business
Human Resources/Managing Employees Customer Relations Business Accounting/Budget Cash Flow Management Tax Planning
Marketing/Sales (promotion, market research, pricing, etc.) Government Contracting (including certifications) Franchising Buy/Sell Business
Technology/Computers eCommerce (using the Internet to do business) Legal Issues (such as, Should I incorporate?) International Trade
Describe specific assistance requested in the space provided.