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 Inputer: 

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI) 4. Email

5. Telephone

7. Street Address/PO Box (give business address if currently in business) 8. City 9. State 10. Zip

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, or unsure). 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 time of the 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

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

14. Race (mark one or more)

[ ] American Indian or Alaska Native
[ ] Asian
[ ] Black or African American
[ ] Native Hawaiian or Other Pacific Islander
[ ] White

15. Hispanic or Latino

[ ] Not Hispanic or Latino

16. Gender

[ ] Male
[ ] Female

17. Do you consider yourself a person with a disability?

[ ] Yes
[ ] No

18. Veteran Status

[ ] Non-Veteran
[ ] Veteran

18a. Military Status

[ ] Member of Reserve or National Guard
[ ] On Active Duty

19. Referred by? (Mark all that apply)

[ ] SBA District
[ ] SBDC
[ ] USFAC
[ ] Business Owner
[ ] SCORE
[ ] Local Economic Development Official
[ ] SBA Web site
[ ] SCORE
[ ] World Wide Web
[ ] Chamber of Commerce
[ ] Internet (please indicate website)

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
[ ] Manufacturing
[ ] Real Estate & Rental & Leasing
[ ] Professional, Scientific & Technical Services
[ ] Utilities
[ ] Finance & Insurance
[ ] Health Care & Social Assistance
[ ] Management of Companies & Enterprises
[ ] Information
[ ] Wholesale Trade
[ ] Accommodation & Food Services
[ ] Agriculture, Forestry, Fishing & Hunting
[ ] Construction
[ ] Public Administration
[ ] Arts, Entertainment & Recreation
[ ] Administrative & Support Activities
[ ] Retail Trade
[ ] Educational Services
[ ] Transportation & Warehousing
[ ] 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 a 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 $ _____ Profit/Losses $ _____

28b. Amount of your Gross Revenues/Sales related to exporting $ _____

29. What is the legal entity of your business?

[ ] Sole Proprietorship
[ ] Corporation
[ ] Partnership
[ ] LLC

[ ] Other (specify)

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

[ ] Marketing/Sales (promotion, market research, pricing, etc.)
[ ] Government Contracting (including certifications)
[ ] Franchising
[ ] Buy/Sell Business

[ ] Technology/Computers
[ ] Commerce (using the Internet to do business)
[ ] Legal Issues such as, Should I incorporate?)
[ ] International Trade

SBA Form 641 (07/31/2011)