



# U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324  
Expiration Date: 09/30/2006

Client Number:  
Location Code:  
Initials of Data Inputter:

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

### PART I: Client Request for Counseling

|  |  |                 |                 |
|--|--|-----------------|-----------------|
| <b>3. Client Name</b> (Name of the person completing the form/representative of the business)<br>(Last, First, MI) |  | <b>4. Email</b> |                 |
| <b>5. Telephone</b><br>Primary _____ Secondary _____   |  | <b>6. Fax</b>   |                 |
| <b>7. Street Address/PO Box</b> (give business address if currently in business)                                   |  | <b>8. City</b>  | <b>9. State</b> |
|  |  | <b>10. Zip</b>  | <b>+4</b>       |

**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. Please note: The estimated burden for completing this form is 3 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<sup>rd</sup> 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.

|   |                                      |                       |
|---|--------------------------------------|-----------------------|
| <b>12. Preferred date &amp; time for appointment</b><br>Date: _____ Time: _____ | <b>13. Client Signature</b><br>_____ | <b>Date:</b><br>_____ |
|---|--------------------------------------|-----------------------|

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

|  |   |   |   |
|--|---|---|---|
| <b>14. Race</b> (mark one or more)<br><input type="checkbox"/> Asian <input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native American or Alaska Native<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> White | <b>15. Ethnicity</b><br><input type="checkbox"/> Hispanic Origin<br><input type="checkbox"/> Not of Hispanic Origin | <b>16. Gender</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | <b>17. Do you consider yourself a person with a disability?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---|---|

|  |   |
|--|---|
| <b>18. Veteran Status</b> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran<br><input type="checkbox"/> Service-Disabled Veteran | <b>18a. Military Status</b> <input type="checkbox"/> Member of Reserve or National Guard<br><input type="checkbox"/> On Active Duty |
|--|---|

**19. What inspired you to contact us?** (mark all that apply)

|   |                                       |  |  |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> SBA              | <input type="checkbox"/> Other Client | <input type="checkbox"/> Chamber of Commerce                 | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Bank             | <input type="checkbox"/> Magazine     | <input type="checkbox"/> Educational Institution             |  |
| <input type="checkbox"/> Business Owner   | <input type="checkbox"/> Internet     | <input type="checkbox"/> Local Economic Development Official |  |
| <input type="checkbox"/> Television/Radio | <input type="checkbox"/> Newspaper    | <input type="checkbox"/> Word of Mouth                       |  |

|   |                                     |
|---|-------------------------------------|
| <b>20. Is the client currently in business?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30) | <b>21. Name of Company</b><br>_____ |
|---|-------------------------------------|

**22. Type of Business** (choose primary category)

|                                       |  |   |  |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Mining       | <input type="checkbox"/> Manufacturing         | <input type="checkbox"/> Real Estate & Rental & Leasing   | <input type="checkbox"/> Professional, Scientific & Technical Services |
| <input type="checkbox"/> Utilities    | <input type="checkbox"/> Finance & Insurance   | <input type="checkbox"/> Health Care & Social Assistance  | <input type="checkbox"/> Management of Companies & Enterprises         |
| <input type="checkbox"/> Information  | <input type="checkbox"/> Wholesale Trade       | <input type="checkbox"/> Accommodation & Food Services    | <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting      |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Public Administration | <input type="checkbox"/> Arts, Entertainment & Recreation | <input type="checkbox"/> Administrative & Support                      |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Educational Services  | <input type="checkbox"/> Transportation & Warehousing     | <input type="checkbox"/> Waste Management & Remediation Services       |
|                                       |  |   | <input type="checkbox"/> Other Services (except Public Administration) |

|   |  |  |   |
|---|--|--|---|
| <b>23. Business Ownership</b> – What percentage of your business is male or female ownership? _____% Male _____% Female | <b>24. Month &amp; Year Business Started?</b><br>_____ | <b>25. Do you conduct business online?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>26. Is this a home based business?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|--|---|

|   |   |  |
|---|---|--|
| <b>27. Total No. of Employees</b> (full & part time)<br>_____ | <b>28. For your most recent full business year, what were your:</b><br>Gross Revenues/Sales \$ _____<br>+Profits/-Losses \$ _____ | <b>29. What is the legal entity of your business?</b><br><input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC<br><input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership<br><input type="checkbox"/> Other (specify) _____ |
|---|---|--|

**30. What is the nature of counseling you are seeking?** (Choose primary category)

|   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Start-up Assistance (How do I start a small business?)                   | <input type="checkbox"/> Human Resources/<br>Managing Employees                        | <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) | <input type="checkbox"/> Technology/Computers                          |
| <input type="checkbox"/> Business Plan  | <input type="checkbox"/> Customer Relations  | <input type="checkbox"/> Government Contracting (including certifications)           | <input type="checkbox"/> eCommerce (using the Internet to do business) |
| <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) | <input type="checkbox"/> Business Accounting/<br>Budget                                | <input type="checkbox"/> Franchising   | <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) |
| <input type="checkbox"/> Managing a Business  | <input type="checkbox"/> Cash Flow Management<br><input type="checkbox"/> Tax Planning | <input type="checkbox"/> Buy/Sell Business   | <input type="checkbox"/> International Trade                           |

Describe specific assistance requested in the space provided. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

