



U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 10/31/2020

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

3. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)	4. Email			
5. Telephone Primary <input type="checkbox"/> Secondary <input type="checkbox"/>	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: _____
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PART II: Client Intake (to be completed by all Clients)

14. Race (mark one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	15. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	16. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	17. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Veteran Status <input type="checkbox"/> No military, Reserve, or National Guard service	<input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran	<input type="checkbox"/> Member of the Reserve <input type="checkbox"/> Active Duty	<input type="checkbox"/> Member of the National Guard <input type="checkbox"/> Spouse of Military Member
19. Referred by? (Mark all that apply) <input type="checkbox"/> SBA District <input type="checkbox"/> SBDC <input type="checkbox"/> Other Client <input type="checkbox"/> Lender <input type="checkbox"/> SCORE <input type="checkbox"/> Educational Institution <input type="checkbox"/> Business Owner <input type="checkbox"/> WBC <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> SBA Web site <input type="checkbox"/> VBOC <input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Television/Radio <input type="checkbox"/> Internet (please indicate website) _____	<input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> USEAC <input type="checkbox"/> Boots to Business	

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) <input type="checkbox"/> Mining <input type="checkbox"/> Utilities <input type="checkbox"/> Information <input type="checkbox"/> Construction <input type="checkbox"/> Retail Trade <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Educational Services <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Transportation & Warehousing	<input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Waste Management & Remediation Services <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	26a. Are you a home based business <input type="checkbox"/> Yes <input type="checkbox"/> No 26b. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Date of Birth: _____ / _____ / _____
 Month Day Year

Household Size: _____ / _____ (Do not include roommates)
 Adults (18+) Children

Individual Income: \$ _____ per year

Household Income: \$ _____ per year

Employment Status:

<input type="checkbox"/> Employed full-time in business	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Employed part-time in business	<input type="checkbox"/> Displaced homemaker
<input type="checkbox"/> Employed full-time outside of business	<input type="checkbox"/> Retired
<input type="checkbox"/> Employed part-time outside of business	

Education Level:

<input type="checkbox"/> Grade School	<input type="checkbox"/> Trade School / 2 year School
<input type="checkbox"/> Junior High School	<input type="checkbox"/> 4 year College / University
<input type="checkbox"/> High School/GED	<input type="checkbox"/> Graduate School

Marital Status:

<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
<input type="checkbox"/> Separated	<input type="checkbox"/> Domestic Partnership

Do you receive public assistance? (e.g., TANF, food stamps, AFDC) Yes _____ No

Are you a NYCHA Public Housing Resident? Yes No

Do you have a Section 8 voucher issued by NYCHA? Yes No

Do you have health insurance? Yes No

Does your business provide its employees with health insurance? Yes No N/A

What is your primary language? _____

Were you born outside of the United States? Yes No

If yes, do you have Refugee or Asylum Status? Yes No

Would you like to receive our workshops and events e-newsletter? Yes No

FOR OFFICIAL USE ONLY: *If client exports provide SBA Form 641 pg. 3, Appendix A**

Individual IL (circle one): Very Low, Low, Other Household IL (circle one): Very Low, Low, Other Counseling time:

_____ hr _____ min

Business Status (circle one): Pre-start-up, Start-up (up to 6 months), Existing (6+ months)

Type of service provided: (e.g., business plan, financing, legal, etc.) _____

Referred client to: