

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 Fac	ce	☐ Telephone			
PART I: Client Request for Counseling								
3. Client Name (Name of the person completing to (Last, First, MI)		ne business)	4. Email					
5. Telephone Primary	Secondary		6. Fax					
7. Street Address/PO Box (Give business addres	s 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. 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 13. Client Signature Date:								
Date: Time:								
PART II: Client Intake (To be complete	ted by all Clients)							
14. Race (Mark one or more)	vaiian or Other Pacific Islander	15. Ethnicity Hispanic or Lat Not Hispanic or	ino	16.Gender Male Female	17. Do you cons yourself a p with a disal \(\subseteq \text{Yes} \subseteq \text{No.}	erson oility?		
18. Veteran Status: Non-Veteran Veteran Service-Disabled Veteran Service-Disabled Veteran Service-Disabled Veteran Non-Veteran Service-Disabled Veteran Non-Veteran Non-Vetera								
19. Referred by? (Mark all that apply) SBA District Office SBA District Office USEAC Lender Susiness Owner SCORE SBA Web site WBC Other Client Magazine/Newspaper Word of Mouth Television/Radio Television/Radio Internet (please indicate website) 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)								
<u> </u>	Started?(MM/YYYY)	•	ness online? 26b. Are you 8(a) certified? Yes No					
(Full & PT) were 27b. Of total employees, how many are engaged in the exporting aspect of your 28b.	For your most recent full your: Gross Revenues/Si +Profits/-Losses \$_ Amount of your Gross Re ted to exporting \$	ales \$		roprietorship poration	entity of your bu Corporation Partnership	siness?		
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 ✓ Customer Relations ✓ Business Accounting/ Government Contracting for a loan, building equity capital) ✓ Managing Employees ✓ Customer Relations ✓ Business Accounting/ Government Contracting ✓ Budget ✓ Cash Flow Management ☐ Tax Planning ✓ Business ☐ Bug/Sell Business			eCommerce (using the					
Describe specific assistance requested in the space pr	ovided					_		