



U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 05/31/2027

Client Number:
DUNS or SAM Number:
Location Code:
Initials of Data Inputter:

1. Organization _____
2. Office City/State _____

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 _____ Secondary _____	6. Country
7. Street Address/PO Box (give business address if currently in business) 8. City	9. State 10. Zip +4

11. Client Agreement: I request business counseling service from an SBA Resource Partner, I authorize SBA or its agents 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 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. I understand that any information disclosed will be protected to the extent permitted by law. (SBA or its agents will not provide your personal information to commercial entities.)

Use of Information: The information in this form is to be provided by individuals and business seeking technical assistance services from 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.

Client Signature: _____

Date: _____

12. Participation in Surveys and SBA Communication: I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA Resource Partner 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

13. Primary Counseling Sought (select 2-3 topics only)

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|---|--|---|--|
| <ul style="list-style-type: none"> Business Start-up/Preplanning (How do I start a small business?) Business Plan Business Financing/Capital Sources (such as applying for a loan, equity capital) Business Operations/Management Human Resources/Managing Employees | <ul style="list-style-type: none"> Customer Relations Business Accounting/Budget Business Financial/Cash Flow Tax Planning Franchising Buy/Sell Business Technology | <ul style="list-style-type: none"> Marketing/Sales (promotion, market research, pricing, etc.) Government Contracting (including certifications) Disaster Planning/Recovery Cyber Security/Cyber Awareness Credit Counseling | <ul style="list-style-type: none"> eCommerce (using Internet to do business) Legal Issues (such as, Should I incorporate?) International Trade Intellectual Property Training Other |
|---|--|---|--|

Describe specific assistance requested in the space provided

14. Race (mark one or more)	15. Ethnicity	16. Sex	18. Do you consider yourself a person with a disability?
<ul style="list-style-type: none"> Native American/Alaska Native Asian Black or African American Middle Eastern Native Hawaiian/Other Pacific Islander 	<ul style="list-style-type: none"> White North African Prefer not to say Prefer to Self-Describe _____ 	<ul style="list-style-type: none"> Hispanic or Latino Non Hispanic or Latino Prefer not to say 	<ul style="list-style-type: none"> Male Female
			<ul style="list-style-type: none"> Yes No Prefer not to say

19. Military Status	No military service	Veteran	Member of the Reserve	Member of National Guard		Branch of Service
	Prefer not to say	Service Disabled Veteran	Active Duty	Spouse of Military Member		_____

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

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

21. Are you currently in business?	Yes No (STOP form is complete)	Undetermined (STOP form is complete)
22. Company/Business Name	23. Are you currently exporting? Yes No	
If yes to 23, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).		

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

25. Business Ownership – What percentage of your business is woman owned? _____% Woman Owned	26. Conducting Business Online Yes No	27. 8(a) Certified Yes No
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28a. No. of Employees	29a. For your most recent full business year, what were your: Gross Revenues/Sales _____ +Profits/-Losses _____	30. Legal Entity
28b. Of total employees, how many are engaged in the exporting aspect of your business: _____	29b. Amount of your Gross Revenues/Sales related to exporting \$ _____	Sole Proprietor Corporation LLC S-Corporation Partnership Other _____