



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:

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

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business)
4. Email
5. Telephone (Primary, Secondary)
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. 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 3rd 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 (Date, Time)
13. Client Signature
Date:

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

14. Race (mark one or more)
15. Ethnicity
16. Gender
17. Do you consider yourself a person with a disability?
Yes No

18. Veteran Status (Non-Veteran, Veteran, Service-Disabled Veteran)
18a. Military Status (Member of Reserve or National Guard, On Active Duty)

19. What prompted you to contact us? (mark all that apply)
SBA District, SBDC, Other Client, Magazine/Newspaper, Word of Mouth, Lender, USFAC, Educational Institution, Television/Radio, Business Owner, SCORE, Local Economic Development Official, Internet (please indicate website), SBA Web site, WBC, Chamber of Commerce

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 Company

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, 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 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 \$, +Profits/-Losses \$
28b. Amount of your Gross Revenues/Sales related to exporting \$
29. What is the legal entity of your business? Sole Proprietorship, Corporation, LLC, S-Corporation, Partnership, 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, Tax Planning, Marketing/Sales (promotion, market research, pricing, etc.), Government Contracting (including certifications), Franchising, Buy/Sell Business, Technology/Computers, eCommerce (using the Internet to do business), Legal Issues (such as, Should I incorporate?), 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:

- Employed full-time in business
- Employed part-time in business
- Employed full-time outside of business
- Employed part-time outside of business
- Unemployed
- Retired
- Displaced homemaker

Education level:

- Grade School
- Junior High School
- High School/GED
- Trade School / 2 year School
- 4 year College / University
- Graduate School

Marital Status:

- Single
- Married
- Separated
- Divorced
- Widowed
- Domestic Partnership

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

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

What type of business are you interested in starting/expanding? Why?

What type of assistance are you looking for?

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

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.) _____

Counseling time: _____ hr _____ min

Referred client to: _____



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Appendix A to Questions 20b. & 39b.

If your company is currently exporting, please indicate the countries to which your company exports: (Mark all that apply)

Asia	Africa	Caribbean	Central America	North America
<input type="checkbox"/> Afghanistan <input type="checkbox"/> Bahrain <input type="checkbox"/> Bangladesh <input type="checkbox"/> Belarus <input type="checkbox"/> Bhutan <input type="checkbox"/> Brunei <input type="checkbox"/> Burma <input type="checkbox"/> Cambodia <input type="checkbox"/> China <input type="checkbox"/> East Timor <input type="checkbox"/> Georgia <input type="checkbox"/> Hong Kong <input type="checkbox"/> India <input type="checkbox"/> Indonesia <input type="checkbox"/> Iran <input type="checkbox"/> Iraq <input type="checkbox"/> Israel <input type="checkbox"/> Japan <input type="checkbox"/> Jordan <input type="checkbox"/> Kazakhstan <input type="checkbox"/> Korea, North <input type="checkbox"/> Korea, South <input type="checkbox"/> Kuwait <input type="checkbox"/> Kyrgyzstan <input type="checkbox"/> Laos <input type="checkbox"/> Lebanon <input type="checkbox"/> Macau <input type="checkbox"/> Malaysia <input type="checkbox"/> Maldives <input type="checkbox"/> Micronesia <input type="checkbox"/> Mongolia <input type="checkbox"/> Nepal <input type="checkbox"/> Oman <input type="checkbox"/> Pakistan <input type="checkbox"/> Philippines <input type="checkbox"/> Qatar <input type="checkbox"/> Russia <input type="checkbox"/> Saudi Arabia <input type="checkbox"/> Singapore <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Syria <input type="checkbox"/> Tajikistan <input type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/> Turkey <input type="checkbox"/> Turkmenistan <input type="checkbox"/> United Arab Emirates <input type="checkbox"/> Uzbekistan <input type="checkbox"/> Vietnam <input type="checkbox"/> Yemen	<input type="checkbox"/> Algeria <input type="checkbox"/> Angola <input type="checkbox"/> Benin <input type="checkbox"/> Botswana <input type="checkbox"/> Burkina Faso <input type="checkbox"/> Burundi <input type="checkbox"/> Cameroon <input type="checkbox"/> Cape Verde <input type="checkbox"/> Central African Republic <input type="checkbox"/> Chad <input type="checkbox"/> Comoros <input type="checkbox"/> Congo <input type="checkbox"/> Democratic Republic of Congo <input type="checkbox"/> Cote d'Ivoire <input type="checkbox"/> Djibouti <input type="checkbox"/> Egypt <input type="checkbox"/> Equatorial Guinea <input type="checkbox"/> Eritrea <input type="checkbox"/> Ethiopia <input type="checkbox"/> Gabon <input type="checkbox"/> Gambia <input type="checkbox"/> Ghana <input type="checkbox"/> Guinea <input type="checkbox"/> Guinea-Bissau <input type="checkbox"/> Kenya <input type="checkbox"/> Lesotho <input type="checkbox"/> Liberia <input type="checkbox"/> Libya <input type="checkbox"/> Madagascar <input type="checkbox"/> Malawi <input type="checkbox"/> Mali <input type="checkbox"/> Mauritania <input type="checkbox"/> Mauritius <input type="checkbox"/> Morocco <input type="checkbox"/> Mozambique <input type="checkbox"/> Namibia <input type="checkbox"/> Niger <input type="checkbox"/> Nigeria <input type="checkbox"/> Rwanda <input type="checkbox"/> Sao Tome and Principe <input type="checkbox"/> Senegal <input type="checkbox"/> Seychelles <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Somalia <input type="checkbox"/> South Africa <input type="checkbox"/> Sudan <input type="checkbox"/> Swaziland <input type="checkbox"/> Tanzania <input type="checkbox"/> Togo <input type="checkbox"/> Tunisia <input type="checkbox"/> Uganda <input type="checkbox"/> Zambia <input type="checkbox"/> Zimbabwe	<input type="checkbox"/> Anguilla <input type="checkbox"/> Antigua & Barbuda <input type="checkbox"/> Aruba <input type="checkbox"/> Bahamas <input type="checkbox"/> Barbados <input type="checkbox"/> Virgin Islands (British) <input type="checkbox"/> Cayman Islands <input type="checkbox"/> Cuba <input type="checkbox"/> Dominica <input type="checkbox"/> Dominican Republic <input type="checkbox"/> Grenada <input type="checkbox"/> Haiti <input type="checkbox"/> Jamaica <input type="checkbox"/> Montserrat <input type="checkbox"/> Netherlands Antilles <input type="checkbox"/> St. Kitts and Nevis <input type="checkbox"/> St. Lucia <input type="checkbox"/> St. Vincent and Grenadines <input type="checkbox"/> Trinidad and Tobago	<input type="checkbox"/> Belize <input type="checkbox"/> Costa Rica <input type="checkbox"/> El Salvador <input type="checkbox"/> Guatemala <input type="checkbox"/> Honduras <input type="checkbox"/> Nicaragua <input type="checkbox"/> Panama Europe <input type="checkbox"/> Austria <input type="checkbox"/> Azerbaijan <input type="checkbox"/> Albania <input type="checkbox"/> Armenia <input type="checkbox"/> Belgium <input type="checkbox"/> Bosnia-Herzegovina <input type="checkbox"/> Bulgaria <input type="checkbox"/> Croatia <input type="checkbox"/> Cyprus <input type="checkbox"/> Czech Republic <input type="checkbox"/> Denmark <input type="checkbox"/> Estonia <input type="checkbox"/> Finland <input type="checkbox"/> France <input type="checkbox"/> Germany <input type="checkbox"/> Greece <input type="checkbox"/> Hungary <input type="checkbox"/> Iceland <input type="checkbox"/> Ireland <input type="checkbox"/> Italy <input type="checkbox"/> Latvia <input type="checkbox"/> Liechtenstein <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Macedonia <input type="checkbox"/> Malta <input type="checkbox"/> Moldova <input type="checkbox"/> Monaco <input type="checkbox"/> Montenegro <input type="checkbox"/> Netherlands <input type="checkbox"/> Norway <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Serbia <input type="checkbox"/> Slovak Republic <input type="checkbox"/> Slovenia <input type="checkbox"/> Spain <input type="checkbox"/> Sweden <input type="checkbox"/> Switzerland <input type="checkbox"/> Turkey <input type="checkbox"/> Ukraine <input type="checkbox"/> United Kingdom <input type="checkbox"/> Vatican City	<input type="checkbox"/> Bermuda <input type="checkbox"/> Mexico <input type="checkbox"/> Canada South America <input type="checkbox"/> Argentina <input type="checkbox"/> Bolivia <input type="checkbox"/> Brazil <input type="checkbox"/> Chile <input type="checkbox"/> Colombia <input type="checkbox"/> Ecuador <input type="checkbox"/> Guyana <input type="checkbox"/> Paraguay <input type="checkbox"/> Peru <input type="checkbox"/> Suriname <input type="checkbox"/> Uruguay <input type="checkbox"/> Venezuela Oceania <input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> Cook Islands <input type="checkbox"/> Fiji <input type="checkbox"/> Kiribati <input type="checkbox"/> Marshall Islands <input type="checkbox"/> Nauru <input type="checkbox"/> Palau <input type="checkbox"/> Papua New Guinea <input type="checkbox"/> Samoa <input type="checkbox"/> Solomon Islands <input type="checkbox"/> Tonga <input type="checkbox"/> Tuvalu <input type="checkbox"/> Vanuatu Other <input type="checkbox"/> Subcontractor for Exporter <input type="checkbox"/> Sell to fill-freight

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