



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, SBA Web site, Other Client, Chamber of Commerce, Lender, Magazine, Educational Institution, Business Owner, Internet, Local Economic Development Official, Television/Radio, Newspaper, Word of Mouth, Other (specify)

20. Are you currently in business? (Yes, No)
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, Agriculture, Forestry, Fishing & Hunting, Information, Wholesale Trade, Accommodation & Food Services, Administrative & Support, Construction, Public Administration, Arts, Entertainment & Recreation, Waste Management & Remediation Services, Retail Trade, Educational Services, Transportation & Warehousing, Other Services (except Public Administration)

23. Business Ownership - What percentage of your business is male or female ownership?
24. Month & Year Business Started?
25. Do you conduct business online?
26. Are you a home based Business?
26a. Are you 8(a) certified?

27. Total No. of Employees (full & part time)
28. For your most recent full business year, what were your: Gross Revenues/Sales \$, +Profits/-Losses \$
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, Business Plan, Financing/Capital, Managing a Business, Human Resources/Managing Employees, Customer Relations, Business Accounting/Budget, Cash Flow Management, Tax Planning, Marketing/Sales, Government Contracting, Franchising, Buy/Sell Business, Technology/Computers, eCommerce, Legal Issues, International Trade