

U.S. Small Business AdministrationCounseling Information Form

| OMB Approval No.:3245-0324 Expiration Date: 09/30/2006 | |
|-----------------------------------------------------------|--|
| Client Number: Location Code: | |
| Initials of Data Inputter: | |

| Name of the Office Providing the Service City/State of Office Location | | 1a. ' | Γype of Client: [| ☐ Face to Face ☐ Onli | ine Telephone | | | | | |
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| PART I: Client Request for Counseling | σ | | | | | | | | | |
| 3. Client Name (Name of the person completing the form/representative of the business) | | | | 4. Email | | | | | | |
| (Last, First, MI) | | | | (F | | | | | | |
| 5. Telephone Primary | Secondary | | | 6. Fax | | | | | | |
| 7. Street Address/PO Box (give business address | | ess) 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 3 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 Date: Time: | 13. Client Signature | | | Date: | | | | | | |
| PART II: Client Intake (to be complete | ed by all Clients | 3) | | | | | | | | |
| 14. Race (mark one or more) ☐ Asian ☐ Black or African American ☐ Native American or Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ White | | 15. Ethnicity Hispanic Origin Not of Hispanic Origin | | Gender 17. Do you c | | a person with ity? | | | | |
| 18. Veteran Status Non-Veteran Vetera | 18a. Military Status ☐ Member of Reserve or National Guard ☐ On Active Duty | | | | | | | | | |
| 19. What inspired you to contact us? (mark all that apply) SBA Other Client Chamber of Commerce Other (specify) Bank Magazine Educational Institution Business Owner Internet Local Economic Development Official Television/Radio Newspaper Word of Mouth | | | | | | | | | | |
| 20. Is the client currently in business? | 21. Nam | e of Compa | ny | | | | | | | |
| Yes No (if no, skip to 30) 22. Type of Business (choose primary category) Mining Manufacturing Real Estate & Rental & Leasing Health Care & Social Assistance Information Wholesale Trade Construction Public Administration Retail Trade Educational Services Transportation & Warehousing Other Services (except Public Administration) | | | | | | | | | | |
| 23. Business Ownership – What percentage of your business is male | | | | 25. Do you conduct | 26. Is this a home based business? | | | | | |
| or female ownership?% Male | % Female | Busi | ness Started? | business online? ☐ Yes ☐ No | | siness? □ No | | | | |
| 27. Total No. of Employees (full & part time) 28. For your mos what were your: Gross Revenues/ +Profits/-Losses | | | | | | | | | | |
| 30. What is the nature of counseling you are see | | nary categor | y) | | | | | | | |
| 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 Huma Man Business Business Cash Tax P | □ Marketing/Sales (promotion, market research, pricing, etc.) □ Technology/College Commerce (us eCommerce (us Internet to do certifications) □ Franchising □ Legal Issues (su Should I incollege International Treatment of In | | | ng the pusiness) h as, porate?) | | | | | | |
| Describe specific assistance requested in the space provi | | | | | | | | | | |

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Part III: Counselor Record

| 31. Client Name (please use the same name from original 641 Part 1) | | | | 32. Email | | | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------|-----------------|--------------------------|----------|--|
| (Last, First, MI) 33. Telephone 34. Fax | | | | | | | |
| Primary | Secondary | | 34. Fax | | | | |
| 35. Street Address /P.O. Box | | . City | 37. State | 38. Zip | | +4 | |
| 33. Street Address /1.O. Dox | 30. | City | 37. State | 30. Zip | | 14 | |
| 39. Is the client currently in business? | s? 40. Month & Year 41. Total No. of 42. As of the most recent counseling date and f | | | | | nd for | |
| 55. Is the cheft currently in business. | Business Started? | Employees (full & PT) | the most recent b | | | | |
| Yes No (if no, skip to 44) | | | annual: Gross Rev | | | | |
| | unitati of oss revenues/suies y | | | | | | |
| | | | +Profits/-Losses\$No. of Government Contracts or Subcontracts Received | | | | |
| 43. SBA or Resource Partner Service Co | ontributed to the Followi | ng: | No. of Governme | ent Contracts o | or Subcontracts I | Received | |
| \$ Total Amount of SBA Loan | ns \$ | Dollar Value of Gover | nment Contracts/Sub | contracts Rece | eived | | |
| 7 out 1 mount of 5511 Bou | Ψ | Bonar value of Gover | milent Contracts, Buc | | | | |
| \$ Total Amount of Non-SBA | Loans | No. of Certifications (| i.e. SDB, HUBZone, | 8(a), local cer | rtifications, etc.) | | |
| \$ Amount of Equity Capital I | Daggiyad | Received Did counseling receive | d recult in starting a l | nucinoss? If wa | s plansa abaals | | |
| | | | | ousiness? If ye | s, please check. | | |
| 44. What was the nature of the counselin ☐ Start-up Assistance (How do I start a ☐ | ng you provided the clien ☐ Human Resources/Managir | t? (choose primary categoring Marketing/Sales | | ☐ Tookso | ology/Computers | | |
| small business?) | Employees | market researc | th, pricing, etc.) | | nerce (using the | | |
| | Customer Relations | Government Cor | ntracting | | business) | Internet | |
| | Business Accounting/Budg | | tifications) | ☐ Legal I | ssues (such as, S | Should I | |
| | Cash Flow Management Tax Planning | ☐ Franchising ☐ Buy/Sell Busine | 0.0 | | porate?) tional Trade | | |
| | | · | | <u> Пистиа</u> | uonai Trade | | |
| Please specify other counseling provided | | | | | | | |
| | | | | | | | |
| | T | | | | | | |
| 45. Type of Counseling ☐ Face to Face ☐ Online | 46. Language(s |) Used | | | | | |
| ☐ Telephone | ☐ English [| ☐ Spanish ☐ Other (Spe | cify) | | | | |
| | | | | | | | |
| 47. History New Case Follow-up Case Close-out One Time 48. Date Counseled | | | | | | | |
| 49. Counselor(s) Name | | 50a. Contact Hours | 50b. Prep Hours | | 50c. Travel Hours | | |
| | | | | | | | |
| 51. (Answer this question during the initial | | | | ınseling sessi | ion? Yes N | lo If | |
| yes, how many people attended the sessi | on other than the person | completing the form? | | | | | |
| 70 C 1 1 N 4 | | | | | | | |
| 52. Counselor's Notes: | | | | | | | |
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