



U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 09/30/2006

Client Number:
Location Code:
Initials of Data Inputter:

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

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. Fax	
7. Street Address/PO Box (give business address if currently in business) 8. City		9. State	10. Zip +4
<p>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 <input type="checkbox"/> No <input type="checkbox"/>). 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 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.</p>			
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) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		15. Ethnicity <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin		16. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		17. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran			18a. Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty				
19. What inspired you to contact us? (mark all that apply) <input type="checkbox"/> SBA <input type="checkbox"/> Other Client <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Bank <input type="checkbox"/> Magazine <input type="checkbox"/> Educational Institution <input type="checkbox"/> Business Owner <input type="checkbox"/> Internet <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> Television/Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth							
20. Is the client currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30)				21. Name of Company _____			
22. Type of Business (choose primary category) <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Utilities <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Information <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Retail Trade <input type="checkbox"/> Educational Services <input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Waste Management & Remediation Services <input type="checkbox"/> Other Services (except Public Administration)							
23. Business Ownership – What percentage of your business is male or female ownership? _____% Male _____% Female			24. Month & Year Business Started? _____		25. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Is this a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No
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? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____		
30. What is the nature of counseling you are seeking? (Choose primary category) <input type="checkbox"/> Start-up Assistance (How do I start a small business?) <input type="checkbox"/> Human Resources/ Managing Employees <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Technology/Computers <input type="checkbox"/> Business Plan <input type="checkbox"/> Customer Relations <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Business Accounting/ Budget <input type="checkbox"/> Franchising <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> International Trade Describe specific assistance requested in the space provided. _____ _____ _____							

**U.S. Small Business Administration
Counseling Information Form**

OMB Approval No.: 3245-0324
Expiration Date: 09/30/2006

Client Number: Location Code: Initials of Data Inputer:

Part III: Counselor Record

31. Client Name (please use the same name from original 641 Part 1) (Last, First, MI)				32. Email	
33. Telephone Primary		Secondary		34. Fax	
35. Street Address /P.O. Box		36. City	37. State	38. Zip	+4
39. Is the client currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 44)		40. Month & Year Business Started?	41. Total No. of Employees (full & PT)	42. As of the most recent counseling date and for the most recent business year, what are the client's annual: Gross Revenues/Sales \$ _____ +Profits/-Losses\$ _____	
43. SBA or Resource Partner Service Contributed to the Following: _____ No. of Government Contracts or Subcontracts Received					
\$ _____ Total Amount of SBA Loans		\$ _____ Dollar Value of Government Contracts/Subcontracts Received			
\$ _____ Total Amount of Non-SBA Loans		_____ No. of Certifications (i.e. SDB, HUBZone, 8(a), local certifications, etc.) Received			
\$ _____ Amount of Equity Capital Received		_____ Did counseling received result in starting a business? If yes, please check.			
44. What was the nature of the counseling you provided the client? (choose primary category)					
<input type="checkbox"/> Start-up Assistance (How do I start a small business?)		<input type="checkbox"/> Human Resources/Managing Employees		<input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.)	
<input type="checkbox"/> Business Plan		<input type="checkbox"/> Customer Relations		<input type="checkbox"/> Government Contracting (including certifications)	
<input type="checkbox"/> Financing/Capital (such as, applying for a loan, building equity capital)		<input type="checkbox"/> Business Accounting/Budget		<input type="checkbox"/> Franchising	
<input type="checkbox"/> Managing a Business		<input type="checkbox"/> Cash Flow Management		<input type="checkbox"/> Buy/Sell Business	
<input type="checkbox"/> Tax Planning		<input type="checkbox"/> Technology/Computers		<input type="checkbox"/> eCommerce (using the Internet to do business)	
		<input type="checkbox"/> Legal Issues (such as, Should I incorporate?)		<input type="checkbox"/> International Trade	
Please specify other counseling provided. _____					
45. Type of Counseling <input type="checkbox"/> Face to Face <input type="checkbox"/> Online <input type="checkbox"/> Telephone			46. Language(s) Used <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Specify) _____		
47. History <input type="checkbox"/> New Case <input type="checkbox"/> Follow-up <input type="checkbox"/> Case Close-out <input type="checkbox"/> 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 counseling session only) – Did more than one person attend the counseling session? Yes__ No__. If yes, how many people attended the session other than the person completing the form? _____					
52. Counselor's Notes: 					