



U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 11/30/2009

Client Number:
Location Code:
Initials of Data Inputter:

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

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

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

14. Race (mark one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	15. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	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
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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
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19. What prompted you to contact us? (mark all that apply)

<input type="checkbox"/> SBA District	<input type="checkbox"/> SBA Web site	<input type="checkbox"/> Other Client	<input type="checkbox"/> Chamber of Commerce
<input type="checkbox"/> Lender	<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	<input type="checkbox"/> Other (specify) _____

20. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30)	21. Name of Company _____
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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. Are you a home based Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	26a. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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) _____
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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
	<input type="checkbox"/> Tax Planning		

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Client Number:
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Describe specific assistance requested in the space provided. _____

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:			
\$ _____ SBA Loan Amount		Certifications	
\$ _____ Non-SBA Loan Amount		<input type="checkbox"/> 8(a) <input type="checkbox"/> Hubzones <input type="checkbox"/> SDB	
\$ _____ Amount of Equity Capital Received		<input type="checkbox"/> Other (specify state, local, etc) _____	
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"/> Business Plan		<input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.)	
<input type="checkbox"/> Financing/Capital (such as, applying for a loan, building equity capital)		<input type="checkbox"/> Government Contracting (including certifications)	
<input type="checkbox"/> Managing a Business		<input type="checkbox"/> Franchising	
<input type="checkbox"/> Customer Relations		<input type="checkbox"/> Buy/Sell Business	
<input type="checkbox"/> Business Accounting/Budget		<input type="checkbox"/> Technology/Computers	
<input type="checkbox"/> Cash Flow Management		<input type="checkbox"/> eCommerce (using the Internet to do business)	
<input type="checkbox"/> Tax Planning		<input type="checkbox"/> Legal Issues (such as, Should I incorporate?)	
<input type="checkbox"/> International Trade			
Please specify other counseling provided. _____			
45. Type of Session <input type="checkbox"/> Face to Face <input type="checkbox"/> Online <input type="checkbox"/> Update <input type="checkbox"/> Telephone <input type="checkbox"/> Prep		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"/> One Time		48. Date Counseled	
49. Counselor(s) Name		50a. Contact Hours	
		50b. Prep Hours	
		50c. Travel Hours	
51- Did more than one Counselor participate in this counseling session? Yes__ No__. If yes, how many counselors _____? Please list the lead counselor first in item 49 and the actual client hours (time the client spent in this session, not the "billable" counselor time) provided for contact, prep and travel.			
52. Counselor's Notes:			

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

OMB Approval No. 3245-324
Expiration Date:
Case Number:
Locator Number:
Initials of Data Inputer:

Resource Name: _____ Location: (City/State) _____

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