**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** **6. Fax** Primary Secondary  |
| **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 23 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)**[ ]**  American Indian or Alaska Native **[ ]** Native Hawaiian or Other Pacific Islander **[ ]** Asian **[ ]** White **[ ]** Black or African American  | **15. Ethnicity****[ ]** Hispanic or Latino**[ ]** Not Hispanic or Latino | **16.Gender** **[ ]** Male**[ ]** Female | **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. Referred by?** (Mark all that apply)[ ]  SBA District Office [ ]  SBDC [ ]  Other Client [ ]  Magazine/Newspaper [ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Lender [ ]  USEAC [ ]  Educational Institution [ ]  Word of Mouth [ ]  Business Owner [ ]  SCORE **[ ]**  Local Economic Development Official [ ]  Television/Radio [ ]  SBA Web site [ ]  WBC **[ ]**  Chamber of Commerce [ ]  Internet (please indicate website)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **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 Business** |
| **22. Type of Business** (choose primary category)  **[ ]** Professional, Scientific & Technical Services **[ ]**  Mining  **[ ]** Manufacturing  **[ ]** Real Estate & Rental & Leasing  **[ ]** Management of Companies & Enterprises **[ ]** Utilities  **[ ]** Finance & Insurance **[ ]** Health Care & Social Assistance  **[ ]** 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 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  **based business?**  |
| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Funding Source**

**Part III: Counselor Record**

|  |  |
| --- | --- |
| **31**. **Client Name** (Please use the same name from original 641 Part 1) (Last, First, MI) | **32. Email** |
| **33**. **Telephone** **34. Fax** Primary Secondary  |
| **35. Street Address /P.O. Box** **36. City** **37. State** **38. Zip** | **+4** |
| **39a. Is the client currently in business?** **[ ]** Yes **[ ]** No **(If no, skip to 44)****39b. Is the client currently exporting? [ ]** Yes **[ ]** No If yes, please turn to Appendix A on page 3 to indicate the markets to which your client currently exports (mark all that apply). | **40. Date Business Started?**(MM/YYYY) |
| **41a. Total No. of Employees:** (Full & PT)\_\_\_\_\_**41b.** **Of total employees, how many are engaged in the exporting aspect of client’s business**?:(Full & PT)\_\_\_\_\_ | **42a. As of the most recent full business year, what were the client’s annual:**  Gross Revenues/Sales $\_\_\_\_\_\_\_\_\_\_\_\_+Profits/-Losses$\_\_\_\_\_\_\_\_\_\_\_\_\_\_**42b. As of the most recent full business year, how much of your client’s Gross Revenues/Sales were related to exporting? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **43. SBA or Resource Partner Service Contributed to the Following: (Mark all that apply)** |
| SBA Loan Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Non-SBA Loan Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount ofEquity Capital Received $\_\_\_\_\_\_\_\_\_\_ No. of Government Contracts/Subcontracts\_\_\_\_\_\_\_\_ Annual Value of Government Contracts/Subcontracts Received $ \_\_\_\_\_\_\_\_ | **Certifications****[ ]**  8(a)**[ ]**  HUBZone**[ ]**  Women Owned Small Business**[ ]**  Other (specify state, local, etc)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **SBA Financial Assistance** **[ ]** Export Express**[ ]**  Export Working Capital Loan **[ ]**  Community Advantage **[ ]**  Micro loan **[ ]** SBIR **[ ]**  Other ( SBIC, 7(a) 504, etc)  **\_\_\_\_\_\_\_**   |
| **44. What was the nature of the counseling you provided the client?** (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 |
| **[ ]** Please specify other counseling provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **45. Referred Client to (mark all that apply):**[ ]  WBC [ ]  SBA District Office [ ]  Export/Import Bank [ ] Dept of Commerce [ ]  Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ] SCORE [ ] USEAC [ ] OPIC [ ] Dept of State [ ] SBDC [ ]  State Trade Agency [ ] Dept of Agriculture [ ] U.S. Trade & Development Agency  |
| **46. Type of Session**[ ]  Face to Face [ ]  Online [ ]  Update  [ ]  Telephone [ ] Prep  |  **47. Language(s) Used:** [ ]  English [ ]  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Spanish  | **48. History** **[ ]** New Case **[ ]** Follow-up **[ ]** One Time | **49. Date Counseled** (MM/YYYY) |
| **50. Counselor(s) Name** (If multiple counselors, list lead counselor first and separate each additional counselor name by a semi-colon):  | **51. Contact Hours** Total contact hours that a client received\_\_\_\_\_\_ | **51b. Prep Hours** Total amount of preparation spent by all of the counselors for a client\_\_\_\_\_ |
| **51c. Travel Hours** Total amount of time it takes to travel to a client’s location for counseling \_\_\_\_\_\_ |
| **52**. **Did more than one counselor participate in this counseling session?** Yes\_\_ No\_\_ If yes, how many counselors? \_\_\_\_\_\_\_\_ |
| **53. Counselor’s Notes:**  |

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

Please note: The estimated burden for completing this form is 23 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.