**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 NativeNative 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 ServicesAdministrative & Support  Construction Public Administration Arts, Entertainment & RecreationWaste 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?**  YesNo | | | **26a. Are you a home based business?** YesNo  **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 ProprietorshipCorporationLLC  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 |

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