



U.S. Small Business Administration
Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 07/31/2011

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)
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 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)
Mining Manufacturing Real Estate & Rental & Leasing Professional, Scientific & Technical Services
Utilities Finance & Insurance Health Care & Social Assistance Management of Companies & Enterprises
Information Wholesale Trade Accommodation & Food Services Agriculture, Forestry, Fishing & Hunting
Construction Public Administration Arts, Entertainment & Recreation Administrative & Support
Retail Trade Educational Services Transportation & Warehousing Waste Management & Remediation Services
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

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



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

OMB Approval No.: 3245-0324
Expiration Date: 07/31/2013

Client Number:
Location Code:
Initials of Data Inputer:

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 Primary _____ Secondary _____		34. Fax	
35. Street Address /P.O. Box	36. City	37. State	38. Zip +4
39a. Is the client currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip to 44) 39b. Is the client currently exporting? <input type="checkbox"/> Yes <input type="checkbox"/> 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 of Equity Capital Received \$ _____ No. of Government Contracts/Subcontracts _____ Annual Value of Government Contracts/Subcontracts Received \$ _____		Certifications <input type="checkbox"/> 8(a) <input type="checkbox"/> HUBZone <input type="checkbox"/> Women Owned Small Business <input type="checkbox"/> Other (specify state, local, etc) _____	SBA Financial Assistance <input type="checkbox"/> Export Express <input type="checkbox"/> Export Working Capital Loan <input type="checkbox"/> Community Advantage <input type="checkbox"/> Micro loan <input type="checkbox"/> SBIR <input type="checkbox"/> Other (SBIC, 7(a) 504, 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"/> Business Plan <input type="checkbox"/> Financing/Capital (such as, applying for a loan, building equity capital) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Please specify other counseling provided _____	<input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Customer Relations <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Tax Planning	<input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> Franchising <input type="checkbox"/> Buy/Sell Business	<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
45. Referred Client to (mark all that apply):			
<input type="checkbox"/> WBC <input type="checkbox"/> SCORE <input type="checkbox"/> SBDC	<input type="checkbox"/> SBA District Office <input type="checkbox"/> USEAC <input type="checkbox"/> State Trade Agency	<input type="checkbox"/> Export/Import Bank <input type="checkbox"/> OPIC <input type="checkbox"/> Dept of Agriculture	<input type="checkbox"/> Dept of Commerce <input type="checkbox"/> Dept of State <input type="checkbox"/> U.S. Trade & Development Agency <input type="checkbox"/> Other _____
46. Type of Session		47. Language(s) Used:	48. History
<input type="checkbox"/> Face to Face <input type="checkbox"/> Telephone <input type="checkbox"/> Online <input type="checkbox"/> Prep <input type="checkbox"/> Update		<input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spanish	<input type="checkbox"/> New Case <input type="checkbox"/> Follow-up <input type="checkbox"/> 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? _____			



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

OMB Approval No.: 3245-0324
Expiration Date: 07/31/2011

Client Number:
Location Code:
Initials of Data Inputer:

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	
<input type="checkbox"/> Afghanistan	<input type="checkbox"/> Algeria	<input type="checkbox"/> Anguilla	<input type="checkbox"/> Belize	<input type="checkbox"/> Bermuda	
<input type="checkbox"/> Bahrain	<input type="checkbox"/> Angola	<input type="checkbox"/> Antigua & Barbuda	<input type="checkbox"/> Costa Rica	<input type="checkbox"/> Mexico	
<input type="checkbox"/> Bangladesh	<input type="checkbox"/> Benin	<input type="checkbox"/> Aruba	<input type="checkbox"/> El Salvador	<input type="checkbox"/> Canada	
<input type="checkbox"/> Belarus	<input type="checkbox"/> Botswana	<input type="checkbox"/> Bahamas	<input type="checkbox"/> Guatemala		
<input type="checkbox"/> Bhutan	<input type="checkbox"/> Burkina Faso	<input type="checkbox"/> Barbados	<input type="checkbox"/> Honduras		
<input type="checkbox"/> Brunei	<input type="checkbox"/> Burundi	<input type="checkbox"/> Virgin Islands (British)	<input type="checkbox"/> Nicaragua		
<input type="checkbox"/> Burma	<input type="checkbox"/> Cameroon	<input type="checkbox"/> Cayman Islands	<input type="checkbox"/> Panama		
<input type="checkbox"/> Cambodia	<input type="checkbox"/> Cape Verde	<input type="checkbox"/> Cuba	Europe		
<input type="checkbox"/> China	<input type="checkbox"/> Central African Republic	<input type="checkbox"/> Dominica	<input type="checkbox"/> Austria	South America	
<input type="checkbox"/> East Timor	<input type="checkbox"/> Chad	<input type="checkbox"/> Dominican Republic	<input type="checkbox"/> Azerbaijan	<input type="checkbox"/> Argentina	
<input type="checkbox"/> Georgia	<input type="checkbox"/> Comoros	<input type="checkbox"/> Grenada	<input type="checkbox"/> Albania	<input type="checkbox"/> Bolivia	
<input type="checkbox"/> Hong Kong	<input type="checkbox"/> Congo	<input type="checkbox"/> Haiti	<input type="checkbox"/> Armenia	<input type="checkbox"/> Brazil	
<input type="checkbox"/> India	<input type="checkbox"/> Democratic Republic of Congo	<input type="checkbox"/> Jamaica	<input type="checkbox"/> Belgium	<input type="checkbox"/> Chile	
<input type="checkbox"/> Indonesia	<input type="checkbox"/> Cote d'Ivoire	<input type="checkbox"/> Montserrat	<input type="checkbox"/> Bosnia- Herzegovina	<input type="checkbox"/> Colombia	
<input type="checkbox"/> Iran	<input type="checkbox"/> Djibouti	<input type="checkbox"/> Netherlands Antilles	<input type="checkbox"/> Bulgaria	<input type="checkbox"/> Ecuador	
<input type="checkbox"/> Iraq	<input type="checkbox"/> Egypt	<input type="checkbox"/> St. Kitts and Nevis	<input type="checkbox"/> Croatia	<input type="checkbox"/> Guyana	
<input type="checkbox"/> Israel	<input type="checkbox"/> Equatorial Guinea	<input type="checkbox"/> St. Lucia	<input type="checkbox"/> Cyprus	<input type="checkbox"/> Paraguay	
<input type="checkbox"/> Japan	<input type="checkbox"/> Eritrea	<input type="checkbox"/> St. Vincent and Grenadines	<input type="checkbox"/> Czech Republic	<input type="checkbox"/> Peru	
<input type="checkbox"/> Jordan	<input type="checkbox"/> Ethiopia	<input type="checkbox"/> Trinidad and Tobago	<input type="checkbox"/> Denmark	<input type="checkbox"/> Suriname	
<input type="checkbox"/> Kazakhstan	<input type="checkbox"/> Gabon		<input type="checkbox"/> Estonia	<input type="checkbox"/> Uruguay	
<input type="checkbox"/> Korea, North	<input type="checkbox"/> Gambia		<input type="checkbox"/> Finland	<input type="checkbox"/> Venezuela	
<input type="checkbox"/> Korea, South	<input type="checkbox"/> Ghana		<input type="checkbox"/> France	Oceania	
<input type="checkbox"/> Kuwait	<input type="checkbox"/> Guinea		<input type="checkbox"/> Germany	<input type="checkbox"/> Australia	
<input type="checkbox"/> Kyrgyzstan	<input type="checkbox"/> Guinea-Bissau		<input type="checkbox"/> Greece	<input type="checkbox"/> New Zealand	
<input type="checkbox"/> Laos	<input type="checkbox"/> Kenya		<input type="checkbox"/> Hungary	<input type="checkbox"/> Cook Islands	
<input type="checkbox"/> Lebanon	<input type="checkbox"/> Lesotho		<input type="checkbox"/> Iceland	<input type="checkbox"/> Federated States of Micronesia	
<input type="checkbox"/> Macau	<input type="checkbox"/> Liberia		<input type="checkbox"/> Ireland	<input type="checkbox"/> Fiji	
<input type="checkbox"/> Malaysia	<input type="checkbox"/> Libya		<input type="checkbox"/> Italy	<input type="checkbox"/> Kiribati	
<input type="checkbox"/> Maldives	<input type="checkbox"/> Madagascar		<input type="checkbox"/> Latvia	<input type="checkbox"/> Marshall Islands	
<input type="checkbox"/> Micronesia	<input type="checkbox"/> Malawi		<input type="checkbox"/> Liechtenstein	<input type="checkbox"/> Nauru	
<input type="checkbox"/> Mongolia	<input type="checkbox"/> Mali		<input type="checkbox"/> Lithuania	<input type="checkbox"/> Palau	
<input type="checkbox"/> Nepal	<input type="checkbox"/> Mauritania		<input type="checkbox"/> Luxembourg	<input type="checkbox"/> Papua New Guinea	
<input type="checkbox"/> Oman	<input type="checkbox"/> Mauritius		<input type="checkbox"/> Macedonia	<input type="checkbox"/> Samoa	
<input type="checkbox"/> Pakistan	<input type="checkbox"/> Morocco		<input type="checkbox"/> Malta	<input type="checkbox"/> Solomon Islands	
<input type="checkbox"/> Philippines	<input type="checkbox"/> Mozambique		<input type="checkbox"/> Moldova	<input type="checkbox"/> Tonga	
<input type="checkbox"/> Qatar	<input type="checkbox"/> Namibia		<input type="checkbox"/> Monaco	<input type="checkbox"/> Tuvalu	
<input type="checkbox"/> Russia	<input type="checkbox"/> Niger		<input type="checkbox"/> Montenegro	<input type="checkbox"/> Vanuatu	
<input type="checkbox"/> Saudi Arabia	<input type="checkbox"/> Nigeria		<input type="checkbox"/> Netherlands		
<input type="checkbox"/> Singapore	<input type="checkbox"/> Rwanda		<input type="checkbox"/> Norway		
<input type="checkbox"/> Sri Lanka	<input type="checkbox"/> Sao Tome and Principe		<input type="checkbox"/> Poland	Other	
<input type="checkbox"/> Syria	<input type="checkbox"/> Senegal				
<input type="checkbox"/> Tajikistan					
<input type="checkbox"/> Taiwan					



U.S. Small Business Administration Counseling Information Form

OMB Approval No.: 3245-0324
Expiration Date: 07/31/2013

Client Number:
Location Code:
Initials of Data Inputer:

<input type="checkbox"/> Thailand <input type="checkbox"/> Turkey <input type="checkbox"/> Turkmenistan <input type="checkbox"/> United Arab Emirates <input type="checkbox"/> Uzbekistan <input type="checkbox"/> Vietnam <input type="checkbox"/> Yemen	<input type="checkbox"/> Seychelles <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Somalia <input type="checkbox"/> South Africa <input type="checkbox"/> Sudan <input type="checkbox"/> Swaziland <input type="checkbox"/> Tanzania <input type="checkbox"/> Togo <input type="checkbox"/> Tunisia <input type="checkbox"/> Uganda <input type="checkbox"/> Zambia <input type="checkbox"/> Zimbabwe		<input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Serbia <input type="checkbox"/> Slovak Republic <input type="checkbox"/> Slovenia <input type="checkbox"/> Spain <input type="checkbox"/> Sweden <input type="checkbox"/> Switzerland <input type="checkbox"/> Turkey <input type="checkbox"/> Ukraine <input type="checkbox"/> United Kingdom <input type="checkbox"/> Vatican City	<input type="checkbox"/> Subcontractor for Exporter <input type="checkbox"/> 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.