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U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324 Expiration Date:

Client Number: Location Code: Initials of Data Inputter:

 Name of the Office Providing the Set City/State of Office Location 	ervice	1a. Type of C	lient: Face to Face	Online 🗌 Telephone			
PART I: Client Request for	Counseling						
3. Client Name (Name of the person (Last, First, MI)		tive of the business)	4. Email				
5. Telephone			6. Fax				
Primary	Secondary		0.0	40.571			
7. Street Address/PO Box (give bus	siness address if currently in bus	iness) 8. City	9. St	ate 10. Zip	+4		
11. I request business counseling service fr surveys designed to evaluate SBA services. services (Yes No). I understand that authorize SBA to furnish relevant informatii from sources in which he/she has an interest management or technical assistance, I waive Use of Information: The information in (SBA) or an SBA Resource Partner. The information enterstee of service to the counselor providing 12. Preferred date & time for appo Date: Time:	I permit SBA or its agent the use of m t any information disclosed will be held on to the assigned management course t, and 2) accept fees or commissions de e all claims against SBA personnel, and n this form is to be provided by individ formation is collected to help SBA's co tt programs and grants, and to meet Co g the service. Resource Partners will st	any name and address for SBA d in strict confidence. (SBA clor(s). I further understand eveloping from this counseling d that of its Resource Partner luals and business seeking te ontinuing improvement of bu ngressional and Executive B ubmit information to SBA ac	A surveys and information mail will not provide your personal that the counselor(s) agrees not ng relationship. In consideratic s and host organizations, arisin chnical assistance services frou siness counseling programs, to ranch reporting requirements.	ings regarding SBA production information to commercial to: 1) recommend goods of on of the counselor(s) furni- ing from this assistance. In the Small Business Adm ensure effective oversight The form should be submit	cts and l entities.) I or services shing inistration and		
PART II: Client Intake (to b	e completed by all Client	te)					
14. Race (mark one or more)	e completed by an chem	15. Ethnicity	16.Gender	17. Do you consi	der		
American Indian or Alaska Nat Asian Black or African American Native Hawaiian or Other Pacifi White		Hispanic or Latino Not Hispanic or Latino	Male	yourself a pe a disability?			
18. Military Status D No military, National Gu				Member of the Nation Spouse of Military Me			
19. Referred by? (Mark all that apply) Magazine/Newspaper SBA District SBDC Other Client Lender SCORE Educational Institution Word of Mouth Business Owner WBC Local Economic Development Official Television/Radio SBA Web site VBOC Chamber of Commerce Internet (please indicate website)							
20a. Are you currently in business If yes to 20b, please go to Appendix			ou currently exporting? pany currently exports (m				
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 per your business is male or female own % Male% Fema	ed? Started?(MM/YY			me based business certified? Yes	Yes Nc		
27a. Total No. of Employees	28a. For your most recent ful	l business year, what	29. What is the legal e	entity of your busines	s?		
(full & PT)		ales \$	Sole Proprietorship	Corporation	LLC		
27b. Of total employees, how many are engaged in the exporting aspect of your business: (Full & PT)	28b. Amount of your Gross R related to exporting \$	S-Corporation					
30. What is the nature of counselin	ng you are seeking? (Choose pri	imary 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 Describe specific assistance requested in	☐ Human Resources/ Managing Employees ☐ Customer Relations ☐ Business Accounting/ Budget ☐ Cash Flow Management ☐ Tax Planning the space provided.	☐ Marketing/Sales research, pricin ☐ Government Con certifications) ☐ Franchising ☐ Buy/Sell Busines	g, etc.) tracting (including	☐ Technology/Con ☐ eCommerce (us Internet to do ☐ Legal Issues (su Should I incon ☐ International Tr	ing the business) ich as, rporate?)		

U.S. Small Business Administration Counseling Information Form

OMB Approval No.: 3245-0324 Expiration Date: XX/XX/XXX

Client Number: Location Code: Initials of Data Inputer:

Funding Source:

Part III: Counselor Record

31 . Client Name (please use the same name from original 64 (Last, First, MI)	32. Email						
33. Telephone		34. Fax					
	econdary						
35. Street Address /P.O. Box	36. City	37. State	38. Zip +4				
39a. Is the client currently in business? Yes 39b. Is the client currently exporting? Yes If yes, please turn to Appendix A on page 3 to indicate the apply).		ly exports (mark all that	40. Date Business Started?				
	122 As of the most recent full busi	ness year what were th	a client's annual:				
41a. Total No. of Employees: (Full & PT)	42a. As of the most recent full business year, what were the client's annual: Gross Revenues/Sales \$+Profits/-Losses \$						
41b. Of total employees, how many are engaged in the exporting aspect of client's business?:							
(Full & PT)	42b. As of the most recent full business year.						
43. SBA or Resource Partner Service Contributed to							
SBA Loan Amount \$	Certifications	SBA Financial A	ssistance				
Non-SBA Loan Amount \$	8(a) Hubzones	Export Express	Capital Loan				
Amount of Equity Capital Received \$	SDB Other (specify state, local, e	Community Adv	*				
No. of Government Contracts/Subcontracts							
Annual Value of Government Contracts/Subcontracts Received [] SBIR Other (SBIR, SBIC, 7(a) 504, etc)							
44. What was the nature of the counseling you provided the client? (choose primary category) Image: Choose primary category) Start-up Assistance (How do I start a small business?) Human Resources/Managing Marketing/Sales (promotion, market research, pricing, etc.) Image: Choose primary category) Business Plan Customer Relations Government Contracting (including certifications) Image: Choose primary category) Financing/Capital (such as, applying for a loan, building equity capital) Deash Flow Management Franchising incorporate?) Image: International Trade Please specify other counseling provided. Tax Planning Business International Trade							
45. Referred Client to (mark all that apply							
WBC SBA District Office Export/Im SCORE USEAC OPIC	port Bank Dept of Commerce		VBOC PTAC				
	griculture 🔲 U.S. Trade & Deve	elopment Agency 🗌 (Other				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-	48. History	49. Date Counseled				
Face to Face     Online     Update     English       Telephone     Prep     Spanish	h	New Case Follow	w-up (MM/YYYY)				
50. Counselor(s) Name (If multiple counselors, list lead	counselor first and separate	51. Contact Hours	51b. Prep Hours				
each additional counselor name by a semi-colon):		Total contact hours	Total amount of preparat-				
		that a client received ion spent by all of t					
			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?							
52 Did more than one Counselor participate in this c 53. Counselor's Notes:	counseling session? Yes No. If	yes, how many counselo	ors?				
55. Coulisciol s Notes:							

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

OMB Approval No.:3245-0324 Expiration Date: 10/31/2017

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

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.