



# U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324  
Expiration Date: xx/xx/xxxx

Client Number: _____
DUNS or SAM Number: _____
Location Code: _____
Initials of Data Inputter: _____

1. Organization \_\_\_\_\_  
2. Office City/State \_\_\_\_\_

### PART I: Client Request for Counseling

<b>3. Client Name</b> (Name of the person completing the form/representative of the business) (Last, First, MI)	<b>4. Email</b>
<b>5. Telephone</b> Primary _____ Secondary _____	<b>6. Country</b>
<b>7. Street Address/PO Box</b> (give business address if currently in business) <b>8. City</b>	<b>9. State</b> <b>10. Zip</b> <b>+4</b>

**11. Client Agreement:** I request business counseling service from an SBA Resource Partner, I authorize SBA or its agents 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 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. I understand that any information disclosed will be protected to the extent permitted by law. (SBA or its agents will not provide your personal information to commercial entities.)

**Use of Information:** The information in this form is to be provided by individuals and business seeking technical assistance services from SBA Resource Partner. The information is collected to help SBA's continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. The form should be submitted at the site of service to the counselor providing the service. Resource Partners will submit information to SBA according to the terms of their notice of award.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**12. Participation in Surveys and SBA Communication:** I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA Resource Partner 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

**13. Primary Counseling Sought** (select 2-3 topics only)

- |  |                              |   |   |
|--|------------------------------|---|---|
| Business Start-up/Preplanning (How do I start a small business?)                 | Customer Relations           | Marketing/Sales (promotion, market research, pricing, etc.) | eCommerce (using Internet to do business)     |
| Business Plan  | Business Accounting/Budget   | Government Contracting (including certifications)           | Legal Issues (such as, Should I incorporate?) |
| Business Financing/Capital Sources (such as applying for a loan, equity capital) | Business Financial/Cash Flow | Disaster Planning/Recovery                                  | International Trade                           |
| Business Operations/Management   | Tax Planning                 | Cyber Security/Cyber Awareness                              | Intellectual Property Training                |
| Human Resources/Managing Employees   | Franchising                  | Credit Counseling   | Other   |
|  | Buy/Sell Business            |   |   |
|  | Technology                   |   |   |

Describe specific assistance requested in the space provided  
\_\_\_\_\_

**14. Race and Ethnicity** (Mark all that apply)

- |                                  |   |
|----------------------------------|---|
| American Indian or Alaska Native | Middle Eastern or North African           |
| Asian                            | Native Hawaiian or Other Pacific Islander |
| Black or African American        | White                                     |
| Hispanic or Latino               |   |

**15. Gender**

- Male \_\_\_\_\_  
Female \_\_\_\_\_  
Non-binary \_\_\_\_\_  
Prefer to Self-Describe \_\_\_\_\_

**16. Sexual Orientation**

- LGBQ \_\_\_\_\_  
Not LGBQ \_\_\_\_\_  
Prefer to Self-Describe \_\_\_\_\_

**17. Do you consider yourself a person with a disability?**

Yes No

**18. Military Status**

- |                     |                          |                       |                           |                          |
|---------------------|--------------------------|-----------------------|---------------------------|--------------------------|
| No military service | Veteran                  | Member of the Reserve | Member of National Guard  | <b>Branch of Service</b> |
|                     | Service Disabled Veteran | Active Duty           | Spouse of Military Member | _____                    |

**19. Referred by** (Mark all that apply)

- |                |       |                                     |                                    |                         |
|----------------|-------|-------------------------------------|------------------------------------|-------------------------|
| SBA District   | SBDC  | Other Client                        | Magazine/Newspaper                 | Other _____             |
| Lender         | SCORE | Educational Institution             | Word of Mouth                      | USEAC _____             |
| Business Owner | WBC   | Local Economic Development Official | Television/Radio                   | Boots to Business _____ |
| SBA Web site   | VBOC  | Chamber of Commerce                 | Internet (please indicate website) | _____                   |

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

**20. Are you currently in business?** Yes No (STOP form is complete) Undetermined (STOP form is complete)

**21. Company/Business Name**

**22. Are you currently exporting?** Yes No

If yes to 22, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).

**23. Type of Business** (choose primary category)

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

**24. Business Ownership** – What percentage of your business is woman owned?  
\_\_\_\_\_% Woman Owned

**25. Conducting Business Online**

Yes No

**26. 8(a) Certified**

Yes No

**27a. No. of Employees**

**28a. For your most recent full business year, what were your:**

Gross Revenues/Sales \_\_\_\_\_  
+Profits/-Losses \_\_\_\_\_

**29. Legal Entity**

- |                 |             |     |
|-----------------|-------------|-----|
| Sole Proprietor | Corporation | LLC |
| S-Corporation   | Partnership |     |
| Other _____     |             |     |

**27b.** Of total employees, how many are engaged in the exporting aspect of your business: \_\_\_\_\_

**28b. Amount of your Gross Revenues/Sales related to exporting \$** \_\_\_\_\_

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Funding Source:

**Part III: Counselor Record**

<b>30. Client Name</b> (please use the client who will be counseled) (Last, First, MI)		<b>31. Email</b>	
<b>32. Telephone</b> Primary _____ Secondary _____		<b>33. Country</b>	
<b>34. Street Address/P.O. Box</b>	<b>35. City</b>	<b>36. State</b>	<b>37. Zip</b> +4
<b>38a. Is the client verified to be in business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined		<b>39a. Reportable Impact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (New Business start attributable to Resource Partner assistance)	
<b>38b. Date Business Started</b>		<b>39b. Date of Reportable Impact</b>	
<b>40. Client Company/Business Name</b> If yes to 41, please go to Appendix A on page 3 to indicate the markets to which your client currently exports (mark all that apply).		<b>41. Is the client currently exporting?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>42a. Total No. of Employees</b> _____	<b>43a. As of the most recent full business year, what were the client's annual:</b> Gross Revenues/Sales _____ +Profits/-Losses _____		
<b>42b. Total No of Employees Engaged in Exporting</b> _____	<b>43b. How much of your client's Gross Revenues/Sales were related to exporting?</b> _____		
<b>44. SBA or Resource Partner Service Contributed to the Following:</b> (Mark all that apply)		<b>SBA Financial Assistance</b>	
SBA Loan Amount _____	<b>Certifications</b>	<input type="checkbox"/> Economic Impact Disaster Loan (EIDL)	
Non-SBA Loan Amount _____	<input type="checkbox"/> 8(a)	<input type="checkbox"/> Export Express	
Amount of Equity Capital Received _____	<input type="checkbox"/> Hubzones	<input type="checkbox"/> Export Working Capital	
No. of Government Contracts/Subcontracts _____	<input type="checkbox"/> SDB	<input type="checkbox"/> Community Advantage	
Annual Value of Government Contracts/Subcontracts Received _____	<input type="checkbox"/> Other	<input type="checkbox"/> Micro Loan	
No. of SBA Loans _____	<input type="checkbox"/> WOSB	<input type="checkbox"/> SBIR	
No. of Non-SBA Loans _____	<input type="checkbox"/> EDWOSB	<input type="checkbox"/> Other (SBIR, SBIC, 7(a) 504, etc) _____	
No. of Equity Transactions _____	<input type="checkbox"/> SDVOSB		
	<input type="checkbox"/> VOSB		
<b>45. What was the nature of the counseling you provided the client?</b> (choose primary category)			
<input type="checkbox"/> Business Start-up/Preplanning	<input type="checkbox"/> Customer Relations	<input type="checkbox"/> Cyber Security/Cyber Awareness	
<input type="checkbox"/> Business Plan	<input type="checkbox"/> Credit Counseling	<input type="checkbox"/> Legal Issues	
<input type="checkbox"/> Business Financing/Capital Sources	<input type="checkbox"/> Business Accounting/Budget	<input type="checkbox"/> International Trade	
<input type="checkbox"/> Business Operations/Management	<input type="checkbox"/> Business Financial/Cash Flow	<input type="checkbox"/> Intellectual Property Training	
<input type="checkbox"/> Human Resources/Managing Employees	<input type="checkbox"/> Tax Planning	<input type="checkbox"/> Disaster Planning/Recovery	
	<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> Other	
Please specify other counseling provided _____			
<b>46. Referred Client to (mark all that apply)</b>			
<input type="checkbox"/> WBC	<input type="checkbox"/> APEX Accelerator	<input type="checkbox"/> Department of Agriculture	<input type="checkbox"/> SBA District Office
<input type="checkbox"/> SCORE	<input type="checkbox"/> DFC (OPIC)	<input type="checkbox"/> Department of State	<input type="checkbox"/> SBA Office of International Trade (OIT)
<input type="checkbox"/> SBDC	<input type="checkbox"/> USEAC	<input type="checkbox"/> SBA Disaster Assistance	<input type="checkbox"/> SBA Capital Access (PPP)
<input type="checkbox"/> VBOC		<input type="checkbox"/> U.S. Trade and Development Agency	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Department of Commerce/Commercial Services Export/Import Bank			
<input type="checkbox"/> State Trade Agency			
<b>47. Language(s) Used</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____		<b>48. Counselor(s) Name</b> (If multiple counselors, list lead counselor first and separate each additional counselor name by a semi-colon):	
<b>49. Counseling Date</b>			
<b>50. Type of Session</b> <input type="checkbox"/> Training <input type="checkbox"/> Online <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Prepare Only <input type="checkbox"/> Telephone <input type="checkbox"/> Update Only	<b>51a. Contact Hours</b> Total contact hours that a client received	<b>51b. Prep Hours</b> Total amount of preparation spent by all of the counselors for a client	<b>51c. Travel Hours</b> Total amount of time it takes to travel to a client's location for counseling
<b>52. Counseling Notes:</b>			

Please note: The estimated burden for completing this form is 20 minutes. You are not required to respond to any collection information unless it displays a current valid OMB approval number. Comments on the burden should be sent to: Nexus@SBA.gov. Alternatively, inquiries can be sent to U.S. Small Business Administration, Attn: Director, Records Management Division, 409 3<sup>rd</sup> 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.

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**Privacy Act Statement:** The primary purpose for collecting this information is to help SBA's continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. Providing the requested information is required to obtain and/or retain benefits. Routine uses of this information are established in SBA's Privacy Act System of Record, SBA 11, Entrepreneurial Development--Management Information System published on November 3, 1999, at 64 FR 59819. Any personal information collected will be protected to the extent permitted by law, including the Privacy Act of 1974 and the Freedom of Information Act (FOIA). In addition, to the extent permitted under FOIA, confidential business information (CBI) will only be disclosed to contractor or Agency personnel assigned to work on these programs. Any Person concerned with the collection of this information, disclosure or routine use under the Privacy Act may contact the Freedom of Information/Privacy Acts Office, Small Business Administration, 409 3rd St., S.W., Washington, D.C. 20416.

## Appendix A to Questions 22. & 41.

If your company is currently exporting, please indicate the countries to which your company exports. Identify all that apply referencing the attached Country List Supplement document. To access the supplemental document, please open this form in Adobe Reader.

For information on current U.S. trade sanctions, please visit the Office of Foreign Assets Control: Sanctions Programs and Country Information, <https://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx>

## Countries

- Subcontractor for Exporter
- Sell to Fill-Freight

## Appendix B

### Definitions:

**Middle Eastern or North African** - This category includes individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, and Israeli.

**In Business** - A business that has completed required registration(s), if applicable, with the local, state, and/or Federal government (e.g., DBA registration, get a business license, agency issued tax identifications, etc.) AND at least one of the following:

- o Generating revenue- Has documented a transaction from the sale of a product or professional or personal service for the purpose of gain or profit.
- o Accessing Capital- Has acquired debt or Equity Infusion to pursue business operations, for example, to purchase inventory, equipment, building, business, etc.
  - Debt includes SBA Loans and Non-SBA loans. Non-SBA loans includes all forms of capital debt, for example, consumer debt products used specifically for the business, lines of credit, and other revolving debt facilities/instruments.
  - Equity Infusion includes all forms of investments from all sources, for example, angel investors, crowd funding, family contributions, owners' capital contributions, grants and other capital contributions not associated with equity.
- o Acquired Resources - Has hired and/or compensated an employee(s) including the business owner/sole proprietor or contracted with an independent contractor(s) to perform essential business functions.
- o Incurring expense- Has incurred business expenses in the operation of a business.

**Reportable Impact** - Counselor determines that the Resource Partner provided assistance with the business start. When the Reportable Impact indicator is marked Yes, it will be counted as a new business start if no other previous session has reported the same client to have Reportable Impact for that business.

**Session Type: Training** - The Training session type on the 641 may be used to record individual attendance at training sessions hosted by Resource Partners. Training courses and aggregated training attendance information is reported on the 888 form.