



U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 05/31/2027

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

1. Organization _____
2. Office City/State _____

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 Primary _____ Secondary _____	6. Country
7. Street Address/PO Box (give business address if currently in business) 8. City	9. State 10. Zip +4

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 (mark one or more) Native American/Alaska Native Asian Black or African American Middle Eastern Native Hawaiian/Other Pacific Islander	15. Ethnicity White North African Prefer not to say Prefer to Self-Describe _____ Hispanic or Latino Non Hispanic or Latino Prefer not to say	16. Sex Male Female	17. Do you consider yourself a person with a disability? Yes No Prefer not to say
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18. Military Status	No military service Prefer not to say	Veteran Service Disabled Veteran	Member of the Reserve Active Duty	Member of National Guard Spouse of Military Member	Branch of Service _____
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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	Accommodation and Food Services	Agriculture, Forestry, Fishing and Hunting
Construction	Public 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
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27a. No. of Employees	28a. For your most recent full business year, what were your: Gross Revenues/Sales _____ +Profits/-Losses _____	29. Legal Entity
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 \$ _____	Sole Proprietor Corporation LLC S-Corporation Partnership Other _____

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Funding Source:

Part III: Counselor Record

30. Client Name (please use the client who will be counseled) (Last, First, MI)		31. Email	
32. Telephone Primary _____ Secondary _____		33. Country	
34. Street Address/P.O. Box		35. City	36. State
		37. Zip	+4
38a. Is the client verified to be in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 45) <input type="checkbox"/> Undetermined (skip to 45)		39a. Reportable Impact? <input type="checkbox"/> Yes <input type="checkbox"/> No (New Business start attributable to Resource Partner assistance)	
38b. Date Business Started		39b. Date of Reportable Impact	
40. Client Company/Business Name 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).		41. Is the client currently exporting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
42a. Total No. of Employees _____	43a. As of the most recent full business year, what were the client's annual: Gross Revenues/Sales _____ +Profits/-Losses _____		
42b. Total No of Employees Engaged in Exporting _____	43b. How much of your client's Gross Revenues/Sales were related to exporting? _____		
44. SBA or Resource Partner Service Contributed to the Following: (Mark all that apply)		SBA Financial Assistance	
SBA Loan Amount _____	Certifications	<input type="checkbox"/> Economic Impact Disaster Loan (EIDL)	
Non-SBA Loan Amount _____	<input type="checkbox"/> 8(a) <input type="checkbox"/> WOSB	<input type="checkbox"/> Export Express	
Amount of Equity Capital Received _____	<input type="checkbox"/> Hubzones <input type="checkbox"/> EDWOSB	<input type="checkbox"/> Export Working Capital	
No. of Government Contracts/Subcontracts _____	<input type="checkbox"/> SDB <input type="checkbox"/> SDVOSB	<input type="checkbox"/> Community Advantage	
Annual Value of Government Contracts/Subcontracts Received _____	<input type="checkbox"/> Other <input type="checkbox"/> VOSB	<input type="checkbox"/> Micro Loan	
No. of SBA Loans _____		<input type="checkbox"/> SBIR	
No. of Non-SBA Loans _____		<input type="checkbox"/> Other (SBIR, SBIC, 7(a) 504, etc) _____	
No. of Equity Transactions _____			
45. What was the nature of the counseling you provided the client? (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 _____			
46. Referred Client to (mark all that apply)			
<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			
47. Language(s) Used <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____		48. Counselor(s) Name (If multiple counselors, list lead counselor first and separate each additional counselor name by a semi-colon):	
		49. Counseling Date	
5. Type of Session <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	51a. 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. Counseling Notes:			

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 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.

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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 23. & 42.

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/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.