

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:

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 Organization Office City/State 								
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PART I: Client Request fo								
3. Client Name (Name of the pers (Last, First, MI)	on completing	g the form/rep	presentative of the bu	siness)	4. Em:	ail		
5. Telephone Primary	5. Telephone 6. Country							
7. Street Address/PO Box (give b	ucinece addre		•			9. State	10. Zip	+4
7. Street Address/1 O Box (give t	usiness addre	ss if currently	y in ousiness) o. City			J. State	10. Zip	' -
44 60								
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: 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								g from this ners and host rsonal is collected to neet
to SBA according to the terms of their notice		ent Signature:					Date:	
12 Participation in Courseys and CD				. 4 4				
12. Participation in Surveys and SB A SBA or its agent the use of my name and ad						gned to evaluate SBA Yes No	A Resource Partner se	rvices. I permit
13. Primary Counseling Sought	select 2-3 topic	s only)	ation manings regarding 51	71 products and	i services.	163 110		
Business Start-up/Preplanning (H start a small business?) Business Plan Business Financing/Capital Sourc as applying for a loan, equity cap Business Operations/Managemen Human Resources/Managing Emp	ow do I Cu Bu Bu es (such Ta tal) Fra Bu bloyees Te	nstomer Relation usiness Account usiness Financia x Planning anchising ny/Sell Business chnology	ting/Budget re al/Cash Flow Gove Co Disa: S Cybe	search, pricing rnment Contra rtifications) ster Planning/I	acting (includi	ing Legal ing Intern	nmerce (using Interusiness) I Issues (such as, Sacorporate?) national Trade sectual Property Tra	hould I
14. Race (mark one or more)			15. Ethnicity	16. Se	X		17. Do v	ou consider
			1					self a person
Native American/Alaska Native	White			Male			your	scii a pei suii
Native American/Alaska Native Asian Black or African American Middle Eastern Native Hawaiian/Other Pacific Islan			Hispanic or Latino Non Hispanic or Latino Prefer not to say	Male Female			with Yes	
Asian Black or African American Middle Eastern Native Hawaiian/Other Pacific Islan	North Afr Prefer no Prefer to	t to say	Non Hispanic or Latino				with Yes Prefe	A disability? No er not to say
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Client Number: DUNS or SAM Number: Location Code: Initials of Data Inputer:

Funding Source:

Part III: Counselor Record							
30. Client Name (please use the client who will be counsele	ed)			31. Email			
(Last, First, MI)				22 G			
32. Telephone Primary Sec	condary			33. Count	ry		
34. Street Address/P.O. Box		5. City		36. State	37. Zip)	+4
38a. Is the client verified to be in business? Yes	No (skip		39a. Reportab				
bom is the elicit vermen to be in business.	Undetern	,	(New Busines	ss start attribu	itable to Resource		ce)
38b. Date Business Started	(skip to		39b. Date of R	Reportable 1	Impact		
40. Client Company/Business Name			41. Is the cl	lient currer	tly exporting?	Yes	☐ No
If yes to 41, please go to Appendix A on	page 3 to ind	licate the mar	kets to which you	ur client cur	rently exports (m	nark all that ap	oply).
42a. Total No. of Employees	43a. As of	f the most re	cent full busines	ss year, wha	at were the clien	t's annual:	
42b. Total No of Employees Engaged in Exporting	Gross	Revenues/Sale	es	+P	rofits/-Losses		
	43b. How	much of you	ır client's Gross	Revenues/	Sales were relat	ed to	
	exporting						
44. SBA or Resource Partner Service Contributed to	the Followi	ng: (Mark all t	hat apply)	SBA	 Financial Assistan	ice	
	the ronowi	Certification		Econo	omic Impact Disast	ter Loan (EIDL))
SBA Loan Amount	8(a)		□ WOSB		rt Express	(,
Non-SBA Loan Amount	∐Hubz □SDB	=	EDWOSB		rt Working Capital		
Amount of Equity Capital Received	Othe	Ē	☐ SDVOSB ☐ VOSB	☐Comi ☐Micro	nunity Advantage		
No. of Government Contracts/Subcontracts		-		SBIR			
Annual Value of Government Contracts/Subcontracts Receive	- — ·d			Other	(SBIR, SBIC, 7(a)) 504, etc)	
	-		N EE : t T				
No. of SBA Loans No. of Non-SBA	Loans		No. of Equity Trans	sactions			
45. What was the nature of the counseling you provid	ded the clien	t? (choose pr	rimary category)				
☐Business Start-up/Preplanning ☐ Customer ☐	Relations		_			ecurity/Cyber A	wareness
□Business Plan □ Credit Cou □Business Financing/Capital Sources □ Business A	inseling	1 4	☐Government ☐Franchising			sues ional Trade	
	accounting/Buinancial/Cash		☐Buy/Sell Bu			ual Property Tr	aining
☐ Human Resources/Managing ☐ Tax Planni			Technology			Planning/Reco	very
Employees	Sales .		□eCommerce		Other		
Please specify other counseling provided							
46. Referred Client to (mark all that apply)							
☐ WBC ☐ APEX Accelerator ☐ Department of Agricu	lture	BA District Off	ice		Department of Con	mmerce/Comm	ercial
□ SCORE □ DFC (OPIC) □ Department of State □ SBDC □ USEAC □ SBA Dissector Assistate			ternational Trade (Services Export/In	-	
☐ USEAC ☐ SBA Disaster Assistar ☐ VBOC			ess (PPP) Development Agenc		State Trade Agence Other:	СУ	
47. Language(s) Used 48.			nultiple counselor			49. Counse	ling Date
□English sep	arate each ad	ditional couns	elor name by a ser	mi-colon):			
Spanish Other (specify)							
5. Type of Session 51a. Conta	et Hours	51b. Prep H	lours	5	1c.Travel Hours	<u> </u>	
Total conta			nt of preparation	l l	otal amount of ti		travel to a
☐ Training ☐ Online that a client	received	all of the cou	unselors for a clie	ent c	lient's location fo	or counseling	
☐ Telephone ☐ Update Only							
— · — · ,							
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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OMB Approval No.:3245-0324 Expiration Date: 05/31/2027

Client Number: Location Code: Initials of Data Inputter:

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:		

<u>Middle Eastern/North African</u> - 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.

<u>In Business</u> - 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.

<u>Session Type: Training</u> - 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.