



U.S. Small Business Administration Counseling Information Form

Client Number: _____

Client Request for Counseling

Client Name (Name of the person completing this form/representative of the business) (First Last)	Email
Position/Title (if already in business)	Day Telephone
Business Name (if already in business)	Night Telephone
Street Address/PO Box (give business address if currently in business)	Fax
City State Zip	Business Description

Race (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty
---	---	--	---

Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to next section)	Month & Year Business Started?	What is the legal entity of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____
Type of Business (choose best category)		
<input type="checkbox"/> Mining <input type="checkbox"/> Utilities <input type="checkbox"/> Information <input type="checkbox"/> Construction <input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Educational Services	<input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Transportation & Warehousing
<input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Waste Management & Remediation Services <input type="checkbox"/> Other Services (except Public Administration)		
What percentage of your business is female owned? _____ % Do you conduct business online? <input type="checkbox"/> Yes Is this a home based business? <input type="checkbox"/> Yes	Number of Employees Full Time: _____ Part Time: _____	For your most recent full business year: Gross Revenues / Sales \$ _____ +Profits / -Losses \$ _____

Describe specific assistance requested : _____

What inspired you to contact us? (mark best choice)			
<input type="checkbox"/> SBA <input type="checkbox"/> Bank <input type="checkbox"/> Business Owner <input type="checkbox"/> Television/Radio	<input type="checkbox"/> Other Client <input type="checkbox"/> Magazine <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper	<input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Educational Institution <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Other (specify) _____

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.

Client Signature	Date:
-------------------------	--------------

U.S. Small Business Administration Counseling Information Form

Client Number: _____

Counseling Record

History <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> Close-out		Date Counseled		
Counselor Name		Contact Hours	Prep Hours	Travel Hours
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"/> Human Resources/Managing Employees <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Technology/Computers				
<input type="checkbox"/> Business Plan <input type="checkbox"/> Customer Relations <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> eCommerce (using the Internet to do business)				
<input type="checkbox"/> Financing/Capital (such as, applying for a loan, building equity capital) <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Franchising <input type="checkbox"/> Legal Issues (such as, Should I incorporate?)				
<input type="checkbox"/> Managing a Business <input type="checkbox"/> Tax Planning <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> International Trade				
Please specify any other counseling provided: _____				
Type of Counseling <input type="checkbox"/> Face to Face <input type="checkbox"/> Online <input type="checkbox"/> Telephone		Language Used <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Specify) _____		
How many people attended the session other than the person completing the form? _____				
Is the client currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to next line)		Number of Employees Full Time: _____ Part Time: _____		As of the most recent counseling date and for the most recent business year, what are the client's annual: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____

Counselor's Notes:

Impact: Service Contributed to the Following:						
Jobs Created: _____ Jobs Retained: _____ <input type="checkbox"/> Started New Business If Yes, Start Date: _____ <input type="checkbox"/> Started Exporting <input type="checkbox"/> 8(a) Certified <input type="checkbox"/> MBE Certified <input type="checkbox"/> Potential Success Story <input type="checkbox"/> Success Story on File <input type="checkbox"/> SBDC Supporter <input type="checkbox"/> Export Related Impact	Loans Application \$ _____ Loan Obtained \$ _____ <input type="checkbox"/> SBA Loan <input type="checkbox"/> Loan approved & not obtained	Financial Owner Invest. \$ _____ Other Capital \$ _____ Sales Growth \$ _____ Other Amount Type	Amount _____ _____ _____ Amount _____ _____ Amount _____ Type _____	Contracts Commercial \$ _____ DoD Prime \$ _____ DoD Sub \$ _____ Federal Prime \$ _____ Federal Sub \$ _____ State Prime \$ _____ State Sub \$ _____ Local Prime \$ _____ Local Sub \$ _____ Total Contracts \$ _____	# Count _____ _____ _____ _____ _____ _____ _____ _____ _____	\$ Amount _____ _____ _____ _____ _____ _____ _____ _____
Impact Types						
Application Type	Commercial Bank; Private Investor; Surety Bond; Venture Capital; SBIC; CDC; Grant; Other					
Loan Obtained Type						
SBA Loan Type						
Owner Investment Type						
Other Capital Type						
Sales Growth Type						
Miscellaneous Type						