



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 | ☐ Tax Planning | ☐ International Trade |
| ☐ Business Operations/Management | ☐ Franchising | ☐ Disaster Planning/Recovery | ☐ Intellectual Property Training |
| ☐ Human Resources/Managing Employees | ☐ Buy/Sell Business | ☐ Cyber Security/Cyber Awareness | ☐ Other |
| ☐ Technology | ☐ Credit Counseling | | |

Describe specific assistance requested in the space provided

14. Race (mark one or more)		15. Ethnicity	16. Sex	18. Do you consider yourself a person with a disability? ☐ Yes ☐ No ☐ Prefer not to say
☐ Native American/Alaska Native ☐ Asian ☐ Black or African American ☐ Middle Eastern ☐ Native Hawaiian/Other Pacific Islander	☐ White ☐ North African ☐ Prefer not to say ☐ Prefer to Self-Describe	☐ Hispanic or Latino ☐ Non Hispanic or Latino ☐ Prefer not to say	☐ Male ☐ Female	

19. Military Status ☐ No military service ☐ Veteran ☐ Member of the Reserve ☐ Member of National Guard ☐ Branch of Service
☐ Prefer not to say ☐ Service Disabled Veteran ☐ Active Duty ☐ Spouse of Military Member

20. 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)

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

22. Company/Business Name

23. Are you currently exporting? ☐ Yes ☐ No

If yes to 23, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).

24. 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) |

25. Business Ownership – What percentage of your business is woman owned?
____ 0.00% ____ % Woman Owned

26. Conducting Business Online

☐ Yes ☐ No

27. 8(a) Certified

☐ Yes ☐ No

28a. No. of Employees

29a. For your most recent full business year, what were your: Gross Revenues/Sales _____

30. Legal Entity

28b. Of total employees, how many are engaged in the exporting aspect of your business: _____

29b. Amount of your Gross Revenues/Sales related to exporting \$ _____

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