

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:

						Initials of Data Inputter:						
1. Organization				3.7	,	. .	_			_	_	
2. Office City/State PADT I. Client Dequest for	Counceli	. [J .S. Citizen	Y	es	No	(Green Cai	rd Y	es l	No	
PART I: Client Request for Counseling 3. Client Name (Name of the person completing the form/representative of the business) 4. Email												
(Last, First, MI)	ii compicting	s the forming	oresentative of	the busi	11033)		7. 121112	111				
5. Telephone							6. Cour	ntry				
Primary		Secondar	2									
7. Street Address/PO Box (give bu	siness addre	ss if currently	y in business) 8	3. City				9. Sta	ite	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.										rices. 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 (so	•	• /							eCommerce	(using Intern	et to do	
Business Start-up/Preplanning (How do I start a small business?) Business Plan Business Financial/Cash Flow Certifications) Business Planning/Recovery Business Operations/Management Busy/Sell Business Cyber Security/Cyber Awareness Credit Counseling Describe specific assistance requested in the space provided								(such as, Sheate?) I Trade				
14. Race (mark one or more)			15. Ethnici	15. Ethnicity 16. Se		Sex				18. Do vo	u consider	
Native American/Alaska Native	White				Male					yourse	elf a person	
Asian Black or African American Middle Eastern Native Hawaiian/Other Pacific Islando			Hispanic or l Non Hispani Latino Prefer not to	c or	Female					Yes	No not to say	
19. Military Status No military s	arvica	17-4	Į.		C.I. T			1 CNL (1.0	Rranch o	of Service	
Prefer not to		Veteran Service Disa	abled Veteran	Active	er of the R	Ceserve		iber of Natio ise of Militar		Di ancii (a service	
20. Referred by (Mark all that app	•	5017100 25100	TOTOM Y OTOTAL	7101110	Duty		Брои		. , 1,10111001			
SBA District SBDC Lender SCORE Business Owner WBC SBA Web site VBOC	ion velopment Offic erce	Magazine/Newspaper Word of Mouth Official Television/Radio Internet (please indicate wo				Business						
PART II: Client Intake (to be completed by all Clients)												
21. Are you currently in business	? Yes	No (STOP	form is complet	te)	Undeter	mined	(STOP for	rm is comple	ete)			
22. Company/Business Name					23.	Are	you curr	ently expo	rting?	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 prin	-	-					-	-	•			
Mining Manufacturing Real Est Utilities Finance and Insurance Health C Information Wholesale Trade Accomm Construction Public Administration Arts, En			tate and Rental and Leasing Care and Social Assistance nodation and Food Services tertainment and Recreation M Ag Ag W			Ma Ag Ad Wa	rofessional, Scientific and Technical Services Management of Companies and Enterprises egriculture, Forestry, Fishing and Hunting edministrative and Support Waste Management & Remediation Services other Services (except Public Administration)					
			Conducting Business Online				27. 8(a) Certified					
your business is woman owned? % Woman Owned		Yes No				Yes No						
28a. No. of Employees	29a. For v	our most rec	ent full busine	ess year	, what	30.	Legal Eı	ntity				
¥ -V	enues/Sales	nues/Sales				•						
						Sole Propi						
engaged in the exporting aspect of your business: 29b. Amount of your Gross Revenues/Sales related to exporting \$						1	C	S-Corporation Partnership Other				