



U.S. Small Business Administration
Counseling Information Form

OMB Approval No.: 3245-0324
Expiration Date: 09/30/2014

Client Number:
Location Code:
Initials of Data Inputter:

1. Name of the Office Providing the Service
2. City/State of Office Location
1a. Type of Client: Face to Face Online Telephone

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business)
4. Email
5. Telephone Primary Secondary
6. Fax
7. Street Address/PO Box (give business address if currently in business)
8. City
9. State
10. Zip +4

11. 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. Please note: The estimated burden for completing this form is 18 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 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.

12. Preferred date & time for appointment Date: Time:
13. Client Signature Date:

PART II: Client Intake (to be completed by all Clients)

14. Race (mark one or more)
15. Ethnicity
16. Gender
17. Do you consider yourself a person with a disability?
18. Veteran Status
18a. Military Status

19. Referred by? (Mark all that apply)
20a. Are you currently in business?
20b. If yes, are you currently exporting?

21. Name of Business
22. Type of Business (choose primary category)

23. Business Ownership - What percentage of your business is male or female owned?
24. Date Business Started?(MM/YYYY)
25. Do you conduct business online?
26a. Are you a home based business?
26b. Are you 8(a) certified?

27a. Total No. of Employees (Full & PT)
27b. Of total employees, how many are engaged in the exporting aspect of your business? (Full & PT)
28a. For your most recent full business year, what were your: Gross Revenues/Sales \$ +Profits/-Losses \$
28b. Amount of your Gross Revenues/Sales related to exporting \$
29. What is the legal entity of your business?

30. What is the nature of counseling you are seeking? (Choose primary category)

Describe specific assistance requested in the space provided.