U.S. Small Business Administration
Counseling Information Form

1. Name of the Office Providing the Service ____________________________

1a. Type of Client: [ ] Face to Face  [ ] Online  [ ] Telephone

2. City/State of Office Location ____________________________

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. Fax

7. Street Address/PO Box (Give business address if currently in business)

8. City ____________________________ State ____________________________ Zip +4

9. Date: ____________________________

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

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

15. Ethnicity
   [ ] Hispanic or Latino [ ] Not Hispanic or Latino

16. Gender
   [ ] Male [ ] Female

17. Do you consider yourself a person with a disability?  [ ] Yes  [ ] No

18. Veteran Status
   [ ] Non-Veteran  [ ] Veteran  [ ] Service-Disabled Veteran  [ ] On Active Duty

19. Referred by? (Mark all that apply)
   [ ] SBA District Office [ ] SBDC [ ] Other Client
   [ ] Lender [ ] USEAC [ ] Educational Institution
   [ ] Business Owner [ ] SCORE [ ] Local Economic Development Official
   [ ] SBA Web site [ ] WBC [ ] Chamber of Commerce

20a. Are you currently in business?  [ ] Yes  [ ] No (if no, skip to 30)

20b. If yes, are you currently exporting?  [ ] Yes  [ ] No

If yes to 20b, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).

21. Name of Business

22. Type of Business
   (choose primary category)
   [ ] Mining  [ ] Manufacturing  [ ] Real Estate & Rental & Leasing
   [ ] Utilities  [ ] Finance & Insurance  [ ] Health Care & Social Assistance
   [ ] Information  [ ] Wholesale Trade  [ ] Accommodation & Food Services
   [ ] Construction  [ ] Public Administration  [ ] Arts, Entertainment & Recreation
   [ ] Retail Trade  [ ] Educational Services  [ ] Transportation & Warehousing
   [ ] Professional, Scientific & Technical Services

   [ ] Management of Companies & Enterprises  [ ] Agriculture, Forestry, Fishing & Hunting
   [ ] Administrative & Support  [ ] Waste Management & Remediation Services
   [ ] Other Services (except Public Administration)

23. Business Ownership
   What percentage of your business is male or female owned?
   % Male ____________________________ % Female ____________________________

24. Date Business Started? (MM/YYYY)

25. Do you conduct business online?  [ ] Yes  [ ] No

26a. Are you a home based business?  [ ] Yes  [ ] No

26b. Are you 8(a) certified?  [ ] Yes  [ ] No

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?
   [ ] Sole Proprietorship  [ ] Corporation  [ ] LLC
   [ ] S-Corporation  [ ] Partnership  [ ] Other (specify) ____________________________

30. What is the nature of counseling you are seeking? (Choose primary category)
   [ ] Start-up Assistance (How do I start a small business?)
   [ ] Business Plan
   [ ] Financing/Capital (such as applying for a loan, building equity capital)
   [ ] Managing a Business
   [ ] Human Resources/Managing Employees
   [ ] Marketing/Sales (promotion, market research, pricing, etc.)
   [ ] Technology/Computers
   [ ] eCommerce (using the Internet to do business)
   [ ] Legal Issues (such as, Should I incorporate?)
   [ ] International Trade

   [ ] Describe specific assistance requested in the space provided ____________________________
Part III: Counselor Record

31. Client Name (Please use the same name from original 641 Part 1)
   (Last, First, MI)

32. Email

33. Telephone
   Primary
   Secondary

34. Fax

35. Street Address /P.O. Box

36. City

37. State

38. Zip

40. Date Business Started? (MM/YY)

39a. Is the client currently in business? □ Yes □ No
    (If no, skip to 44)
39b. Is the client currently exporting? □ Yes □ No
    If yes, please turn to Appendix A on page 3 to indicate the markets to which your client currently exports (mark all that apply).

41a. Total No. of Employees: (Full & PT)_____
41b. Of total employees, how many are engaged in the exporting aspect of client’s business?: (Full & PT)_____

42a. As of the most recent full business year, what were the client’s annual:
    Gross Revenues/Sales $___________ + Profits/-Losses$___________
42b. As of the most recent full business year, how much of your client’s Gross Revenues/Sales were related to exporting? $_____

43. SBA or Resource Partner Service Contributed to the Following: (Mark all that apply)
   SBA Loan Amount $_________________
   Non-SBA Loan Amount $_____________
   Amount of Equity Capital Received $_________
   No. of Government Contracts/Subcontracts_________
   Annual Value of Government Contracts/Subcontracts Received $_________
   SBA Financial Assistance
   □ Export Express
   □ Export Working Capital Loan
   □ Community Advantage
   □ Micro loan
   □ SBIR
   □ Other (SBIC, 7(a) 504, etc) _______
   Certifications
   □ 8(a)
   □ HUBZone
   □ Women Owned Small Business
   □ Other (specify state, local, etc)
   □ 8(a) HUBZone Women Owned Small Business Other (specify)
   □ 8(a) HUBZone Women Owned Small Business Other (specify) SBIC, 7(a) 504, etc
   □ Export Express Export Working Capital Loan Community Advantage Micro loan SBIR Other (SBIC, 7(a) 504, etc)

44. What was the nature of the counseling you provided the client? (Choose primary category)
   □ Start-up Assistance (How do I start a small business?)
   □ Business Plan
   □ Financing/Capital (such as, applying for a loan, building equity capital)
   □ Managing a Business
   □ Please specify other counseling provided
   □ Human Resources/Managing Employees
   □ Marketing/Sales (promotion, market research, pricing, etc.)
   □ Government Contracting (including certifications)
   □ Franchising
   □ Tax Planning
   □ Buy/Sell Business
   □ Technology/Computers
   □ eCommerce (using the Internet to do business)
   □ Legal Issues (such as, Should I incorporate?)
   □ International Trade

45. Referred Client to (mark all that apply):
   □ WBC
   □ SBA District Office
   □ Export/Import Bank
   □ Dept of Commerce
   □ Other_________
   □ SCORE
   □ USEAC
   □ OPIC
   □ Dept of State
   □ SBDC
   □ State Trade Agency
   □ Dept of Agriculture
   □ U.S. Trade & Development Agency

46. Type of Session
   □ Face to Face
   □ Online
   □ Update
   □ Telephone
   □ Prep
   □ New Case
   □ Follow-up
   □ One Time

47. Language(s) Used:
   □ English
   □ Other (specify)__________
   □ Spanish

48. History
   □ 51c. Travel Hours Total amount of time it takes to travel to a client’s location for counseling _______

50. Counselor(s) Name (If multiple counselors, list lead counselor first and separate each additional counselor name by a semi-colon):

51. Contact Hours
   Total contact hours that a client received_____

51b. Prep Hours Total amount of preparation spent by all of the counselors for a client_____

52. Did more than one counselor participate in this counseling session? Yes__ No__ If yes, how many counselors? _______

53. Counselor’s Notes:
If your company is currently exporting, please indicate the countries to which your company exports: (Mark all that apply)

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