



U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 11/30/2010

Client Number:
Location Code:
Initials of Data Inputter:

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

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

14. Race (mark one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	15. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	16. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	17. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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18. Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran	18a. Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty
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19. What prompted you to contact us? (mark all that apply)

<input type="checkbox"/> SBA District	<input type="checkbox"/> SBA Web site	<input type="checkbox"/> Other Client	<input type="checkbox"/> Chamber of Commerce
<input type="checkbox"/> Lender	<input type="checkbox"/> Magazine	<input type="checkbox"/> Educational Institution	
<input type="checkbox"/> Business Owner	<input type="checkbox"/> Internet	<input type="checkbox"/> Local Economic Development Official	
<input type="checkbox"/> Television/Radio	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Other (specify) _____

20. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30)	21. Name of Company _____
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22. Type of Business (choose primary category)

<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Real Estate & Rental & Leasing	<input type="checkbox"/> Professional, Scientific & Technical Services
<input type="checkbox"/> Utilities	<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Health Care & Social Assistance	<input type="checkbox"/> Management of Companies & Enterprises
<input type="checkbox"/> Information	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting
<input type="checkbox"/> Construction	<input type="checkbox"/> Public Administration	<input type="checkbox"/> Arts, Entertainment & Recreation	<input type="checkbox"/> Administrative & Support
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Transportation & Warehousing	<input type="checkbox"/> Waste Management & Remediation Services
			<input type="checkbox"/> Other Services (except Public Administration)

23. Business Ownership – What percentage of your business is male or female ownership? _____ % Male _____ % Female	24. Month & Year Business Started? _____	25. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. Are you a home based Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	26a. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
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27. Total No. of Employees (full & part time) _____	28. For your most recent full business year, what were your: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____	29. 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) _____
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30. What is the nature of counseling you are seeking? (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"/> Franchising	<input type="checkbox"/> Legal Issues (such as, Should I incorporate?)
<input type="checkbox"/> Managing a Business	<input type="checkbox"/> Cash Flow Management	<input type="checkbox"/> Buy/Sell Business	<input type="checkbox"/> International Trade
	<input type="checkbox"/> Tax Planning		

Describe specific assistance requested in the space provided. _____

**U.S. Small Business Administration
Counseling Information Form**

OMB Approval No.: 3245-0324
Expiration Date: 11/30/2010

Client Number: Location Code: Initials of Data Inputer:

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 +4
39. Is the client currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 44)	40. Month & Year Business Started?	41. Total No. of Employees (full & PT)	42. 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\$ _____
43. SBA or Resource Partner Service Contributed to the Following:			
\$ _____ SBA Loan Amount \$ _____ Non-SBA Loan Amount \$ _____ Amount of Equity Capital Received		Certifications <input type="checkbox"/> 8(a) <input type="checkbox"/> Hubzones <input type="checkbox"/> SDB <input type="checkbox"/> Other (specify state, local, etc) _____	SBA Financial Assistance <input type="checkbox"/> Community Express <input type="checkbox"/> Micro loan <input type="checkbox"/> Other (SBIR, SBIC, 7(a) 504, etc) _____
44. 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"/> Business Plan <input type="checkbox"/> Financing/Capital (such as, applying for a loan, building equity capital) <input type="checkbox"/> Managing a Business Please specify other counseling provided. _____	<input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Customer Relations <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Tax Planning	<input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> Franchising <input type="checkbox"/> Buy/Sell Business	<input type="checkbox"/> Technology/Computers to do business <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> International Trade
45. Type of Session <input type="checkbox"/> Face to Face <input type="checkbox"/> Online <input type="checkbox"/> Update <input type="checkbox"/> Telephone <input type="checkbox"/> Prep		46. Language(s) Used <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Specify) _____	
47. History <input type="checkbox"/> New Case <input type="checkbox"/> Follow-up <input type="checkbox"/> One Time		48. Date COUNSELED	
49. Counselor(s) Name (If multiple counselors, list lead counselor first and separate each additional counselor name by a semi-colon)	50a. Contact Hours This is the total contact hours that a client received.	50b. Prep Hours This is the total amount of preparation spent by all of the counselors for a client.	50c. Travel Hours This is the total amount of time it takes to travel to a client's location for counseling.
51- Did more than one Counselor participate in this counseling session? Yes ___ No ___ . If yes, how many counselors _____ ?			
52. Counselor's Notes:			

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