

Small Business Development Center

Client ID (office use only)

Request for Counseling Form (641) Free and Confidential Services

Please complete the "Request for Counseling Form" by the ownership or primary contact for the company or, if you are currently not in business, please complete information about yourself. One form per company or person.

COMPANY NAME	LAST NAME (Primary contact)	FIRST NAME	MI
	LAST NAME (Secondary contact)	FIRST NAME	MI

ADDRESS	CITY	STATE	ZIP	COUNTY
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HOME PHONE	BUSINESS PHONE	FAX	CELL PHONE	E-MAIL (Please print clearly)
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Type of Business	Type of Organization	Business Ownership	Race/Ethnicity	Veteran Status
<input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Not in Business <input type="checkbox"/> Other	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sub "S" Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-profit <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female	<input type="checkbox"/> American <input type="checkbox"/> Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam-Era <input type="checkbox"/> Vietnam Disabled Veteran <input type="checkbox"/> Not Applicable

Business Status	Can you provide a:	Business Size (Number of Employees)	Annual Gross Sales
<input type="checkbox"/> Start-Up <input type="checkbox"/> Existing <input type="checkbox"/> Not in business Other _____	Balance Sheet <input type="checkbox"/> Yes <input type="checkbox"/> No Cash Flow Statement <input type="checkbox"/> Yes <input type="checkbox"/> No Profit/Loss Statement <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100 and up	<input type="checkbox"/> Less than \$25K <input type="checkbox"/> \$25K to \$50K <input type="checkbox"/> \$50K to \$100K <input type="checkbox"/> \$100K to \$250K <input type="checkbox"/> \$250K to \$500K <input type="checkbox"/> \$500K to \$1000K <input type="checkbox"/> \$1000K or more

<p>Have you attended a small business workshop? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who presented the workshop? _____</p> <p>Have you participated in the Leading Edge (NxLevel or FastTrac) Entrepreneurial training? If yes, where? _____</p> <p>Are you a Welfare-to-Work recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><u>Please complete and sign the back!</u></p>	<p>Are you a Small Business Administration (SBA) client? Check one:</p> <p> <input type="checkbox"/> Borrower <input type="checkbox"/> COC <input type="checkbox"/> Applicant <input type="checkbox"/> Surety Bond <input type="checkbox"/> 8(a) Client <input type="checkbox"/> Other </p>
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How did you learn of these counseling services?

What are your business needs?

- Accountant
- Bank
- Business Assistance Center
- Chamber of Commerce
- College
- Government Agency
- Newspaper
- Radio
- SBA
- Television
- Training Seminar
- Word of Mouth
- Yellow Pages
- Other

- Business Planning
- Copyright/Patent
- Computerized Accounting
- Exporting/Importing
- Financial Management
- Management
- Marketing/Advertising
- Recordkeeping/Bookkeeping
- Personnel Management
- Small Business Loan
- Tax Reporting
- Time Quality Management
- Procurement/Government
- Other

I request business management counseling from the Small Business Administration. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA assistance services. I authorize SBA to furnish information to the assigned management counselor(s) although I expect that information to be held in strict confidence by him/her.

I further understand that any counselor has agreed not to: (1) recommend goods or sources in which he/she has an interest and (2) accept fees or commissions developing from this counseling relationship. In consideration of SBA's furnishing management or technical assistance, I waive all claims against SBA personnel, SCORE, SBDC and its host organizations, SBI and other SBA Resource Counselors arising from this assistance.

Signature and Title of Requester

Date