



U.S. Small Business Administration
Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 11/30/2013

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 (Last, First, MI)
4. Email
5. Telephone Primary Secondary
6. Fax
7. Street Address/PO Box
8. City
9. State
10. Zip
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.
12. Preferred date & time for appointment
13. Client Signature
Date: Time: 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?
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?
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)