



# U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324  
Expiration Date: 10/31/2020

Client Number:  
Location Code:  
Initials of Data Inputter:

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

<b>3. Client Name</b> (Name of the person completing the form/representative of the business) (Last, First, MI)		<b>4. Email</b>	
<b>5. Telephone</b> Primary _____ Secondary _____		<b>6. Fax</b>	
<b>7. Street Address/PO Box</b> (give business address if currently in business) <b>8. City</b>		<b>9. State</b>	<b>10. Zip</b> +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.  
**Use of Information:** The information in this form is to be provided by individuals and business seeking technical assistance services from the Small Business Administration (SBA) or an SBA Resource Partner. The information is collected to help SBA's continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. The form should be submitted at the site of service to the counselor providing the service. Resource Partners will submit information to SBA according to the terms of their notice of award.

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

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

<b>14. Race</b> (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	<b>15. Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>16. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>17. Do you consider yourself a person with a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>18. Veteran Status</b> <input type="checkbox"/> No military, Reserve, or National Guard service <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Member of the Reserve <input type="checkbox"/> Active Duty <input type="checkbox"/> Member of the National Guard <input type="checkbox"/> Spouse of Military Member			
<b>19. Referred by?</b> (Mark all that apply) <input type="checkbox"/> SBA District <input type="checkbox"/> SBDC <input type="checkbox"/> Other Client <input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Lender <input type="checkbox"/> SCORE <input type="checkbox"/> Educational Institution <input type="checkbox"/> Word of Mouth <input type="checkbox"/> USEAC <input type="checkbox"/> Business Owner <input type="checkbox"/> WBC <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> Television/Radio <input type="checkbox"/> Boots to Business <input type="checkbox"/> SBA Web site <input type="checkbox"/> VBOC <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Internet (please indicate website) _____			

**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

<b>22. Type of Business</b> (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)	
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**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

<b>27a. Total No. of Employees</b> (full & PT) 27b. Of total employees, how many are engaged in the exporting aspect of your business: (Full & PT) _____	<b>28a. For your most recent full business year, what were your:</b> Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____ <b>28b. Amount of your Gross Revenues/Sales related to exporting \$</b> _____	<b>29. What is the legal entity of your business?</b> <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)  
 Start-up Assistance (How do I start a small business?)  Human Resources/Managing Employees  Marketing/Sales (promotion, market research, pricing, etc.)  Technology/Computers  
 Business Plan  Customer Relations  Government Contracting (including certifications)  eCommerce (using the Internet to do business)  
 Financing/Capital (such as applying for a loan, building equity capital)  Business Accounting/Budget  Franchising  Legal Issues (such as, Should I incorporate?)  
 Managing a Business  Cash Flow Management  Buy/Sell Business  International Trade  
 Tax Planning

Describe specific assistance requested in the space provided. \_\_\_\_\_

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Counseling Information Form**

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Funding Source: \_\_\_\_\_

**Part III: Counselor Record**

<b>31. Client Name</b> (please use the same name from original 641 Part I) (Last, First, MI)		<b>32. Email</b>	
<b>33. Telephone</b> Primary _____ Secondary _____		<b>34. Fax</b>	
<b>35. Street Address /P.O. Box</b>		<b>36. City</b>	<b>37. State</b>
		<b>38. Zip</b>	<b>+4</b>
<b>39a. Is the client currently in business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 44) <b>39b. Is the client currently exporting?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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).			<b>40. Date Business Started?</b>
<b>41a. Total No. of Employees: (Full &amp; PT)</b> _____ <b>41b. Of total employees, how many are engaged in the exporting aspect of client's business?:</b> (Full & PT) _____		<b>42a. As of the most recent full business year, what were the client's annual:</b> Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____  <b>42b. As of the most recent full business year, how much of your client's Gross Revenues/Sales were related to exporting? \$</b> _____	
<b>43. SBA or Resource Partner Service Contributed to the Following: (Mark all that apply)</b>			
SBA Loan Amount \$ _____ Non-SBA Loan Amount \$ _____ Amount of Equity Capital Received \$ _____ No. of Government Contracts/Subcontracts _____ Annual Value of Government Contracts/Subcontracts Received \$ _____		<b>Certifications</b> <input type="checkbox"/> 8(a) <input type="checkbox"/> Hubzones <input type="checkbox"/> SDB <input type="checkbox"/> Other (specify state, local, etc) _____	
		<b>SBA Financial Assistance</b> <input type="checkbox"/> Export Express <input type="checkbox"/> Export Working Capital Loan <input type="checkbox"/> Community Advantage <input type="checkbox"/> Micro loan <input type="checkbox"/> SBIR <input type="checkbox"/> Other (SBIR, SBIC, 7(a) 504, etc) _____	
<b>44. What was the nature of the counseling you provided the client?</b> (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 <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			
<b>45. Referred Client to (mark all that apply):</b>			
<input type="checkbox"/> WBC <input type="checkbox"/> SBA District Office <input type="checkbox"/> Export/Import Bank <input type="checkbox"/> Dept of Commerce <input type="checkbox"/> VBOC <input type="checkbox"/> SCORE <input type="checkbox"/> USEAC <input type="checkbox"/> OPIC <input type="checkbox"/> Dept of State <input type="checkbox"/> PTAC <input type="checkbox"/> SBDC <input type="checkbox"/> State Trade Agency <input type="checkbox"/> Dept of Agriculture <input type="checkbox"/> U.S. Trade & Development Agency <input type="checkbox"/> Other _____			
<b>46. Type of Session</b>		<b>47. Language(s) Used</b>	
<input type="checkbox"/> Face to Face <input type="checkbox"/> Online <input type="checkbox"/> Update <input type="checkbox"/> Telephone <input type="checkbox"/> Prep		<input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spanish	
		<b>48. History</b>	
		<input type="checkbox"/> New Case <input type="checkbox"/> Follow-up <input type="checkbox"/> One Time	
<b>49. Date Counseled</b> (MM/YYYY)			
<b>50. Counselor(s) Name</b> (If multiple counselors, list lead counselor first and separate each additional counselor name by a semi-colon):		<b>51. Contact Hours</b> Total contact hours that a client received	
		<b>51b. Prep Hours</b> Total amount of preparation spent by all counselors for a client	
<b>51c. Travel Hours</b> Total amount of time it takes to travel to a client's location for counseling			
<b>52. Did more than one Counselor participate in this counseling session?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> . If yes, how many counselors _____?			
<b>53. Counselor's Notes:</b>			

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## Appendix A to Questions 20b. & 39b.

If your company is currently exporting, please indicate the countries to which your company exports: (Mark all that apply)

Asia	Africa	Caribbean	Central America	North America
<input type="checkbox"/> Afghanistan <input type="checkbox"/> Bahrain <input type="checkbox"/> Bangladesh <input type="checkbox"/> Belarus <input type="checkbox"/> Bhutan <input type="checkbox"/> Brunei <input type="checkbox"/> Burma <input type="checkbox"/> Cambodia <input type="checkbox"/> China <input type="checkbox"/> East Timor <input type="checkbox"/> Georgia <input type="checkbox"/> Hong Kong <input type="checkbox"/> India <input type="checkbox"/> Indonesia <input type="checkbox"/> Iran <input type="checkbox"/> Iraq <input type="checkbox"/> Israel <input type="checkbox"/> Japan <input type="checkbox"/> Jordan <input type="checkbox"/> Kazakhstan <input type="checkbox"/> Korea, North <input type="checkbox"/> Korea, South <input type="checkbox"/> Kuwait <input type="checkbox"/> Kyrgyzstan <input type="checkbox"/> Laos <input type="checkbox"/> Lebanon <input type="checkbox"/> Macau <input type="checkbox"/> Malaysia <input type="checkbox"/> Maldives <input type="checkbox"/> Micronesia <input type="checkbox"/> Mongolia <input type="checkbox"/> Nepal <input type="checkbox"/> Oman <input type="checkbox"/> Pakistan <input type="checkbox"/> Philippines <input type="checkbox"/> Qatar <input type="checkbox"/> Russia <input type="checkbox"/> Saudi Arabia <input type="checkbox"/> Singapore <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Syria <input type="checkbox"/> Tajikistan <input type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/> Turkey <input type="checkbox"/> Turkmenistan <input type="checkbox"/> United Arab Emirates <input type="checkbox"/> Uzbekistan <input type="checkbox"/> Vietnam <input type="checkbox"/> Yemen	<input type="checkbox"/> Algeria <input type="checkbox"/> Angola <input type="checkbox"/> Benin <input type="checkbox"/> Botswana <input type="checkbox"/> Burkina Faso <input type="checkbox"/> Burundi <input type="checkbox"/> Cameroon <input type="checkbox"/> Cape Verde <input type="checkbox"/> Central African Republic <input type="checkbox"/> Chad <input type="checkbox"/> Comoros <input type="checkbox"/> Congo <input type="checkbox"/> Democratic Republic of Congo <input type="checkbox"/> Cote d'Ivoire <input type="checkbox"/> Djibouti <input type="checkbox"/> Egypt <input type="checkbox"/> Equatorial Guinea <input type="checkbox"/> Eritrea <input type="checkbox"/> Ethiopia <input type="checkbox"/> Gabon <input type="checkbox"/> Gambia <input type="checkbox"/> Ghana <input type="checkbox"/> Guinea <input type="checkbox"/> Guinea-Bissau <input type="checkbox"/> Kenya <input type="checkbox"/> Lesotho <input type="checkbox"/> Liberia <input type="checkbox"/> Libya <input type="checkbox"/> Madagascar <input type="checkbox"/> Malawi <input type="checkbox"/> Mali <input type="checkbox"/> Mauritania <input type="checkbox"/> Mauritius <input type="checkbox"/> Morocco <input type="checkbox"/> Mozambique <input type="checkbox"/> Namibia <input type="checkbox"/> Niger <input type="checkbox"/> Nigeria <input type="checkbox"/> Rwanda <input type="checkbox"/> Sao Tome and Principe <input type="checkbox"/> Senegal <input type="checkbox"/> Seychelles <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Somalia <input type="checkbox"/> South Africa <input type="checkbox"/> Sudan <input type="checkbox"/> Swaziland <input type="checkbox"/> Tanzania <input type="checkbox"/> Togo <input type="checkbox"/> Tunisia <input type="checkbox"/> Uganda <input type="checkbox"/> Zambia <input type="checkbox"/> Zimbabwe	<input type="checkbox"/> Anguilla <input type="checkbox"/> Antigua & Barbuda <input type="checkbox"/> Aruba <input type="checkbox"/> Bahamas <input type="checkbox"/> Barbados <input type="checkbox"/> Virgin Islands (British) <input type="checkbox"/> Cayman Islands <input type="checkbox"/> Cuba <input type="checkbox"/> Dominica <input type="checkbox"/> Dominican Republic <input type="checkbox"/> Grenada <input type="checkbox"/> Haiti <input type="checkbox"/> Jamaica <input type="checkbox"/> Montserrat <input type="checkbox"/> Netherlands Antilles <input type="checkbox"/> St. Kitts and Nevis <input type="checkbox"/> St. Lucia <input type="checkbox"/> St. Vincent and Grenadines <input type="checkbox"/> Trinidad and Tobago	<input type="checkbox"/> Belize <input type="checkbox"/> Costa Rica <input type="checkbox"/> El Salvador <input type="checkbox"/> Guatemala <input type="checkbox"/> Honduras <input type="checkbox"/> Nicaragua <input type="checkbox"/> Panama  <p style="text-align: center;"><b>Europe</b></p> <input type="checkbox"/> Austria <input type="checkbox"/> Azerbaijan <input type="checkbox"/> Albania <input type="checkbox"/> Armenia <input type="checkbox"/> Belgium <input type="checkbox"/> Bosnia-Herzegovina <input type="checkbox"/> Bulgaria <input type="checkbox"/> Croatia <input type="checkbox"/> Cyprus <input type="checkbox"/> Czech Republic <input type="checkbox"/> Denmark <input type="checkbox"/> Estonia <input type="checkbox"/> Finland <input type="checkbox"/> France <input type="checkbox"/> Germany <input type="checkbox"/> Greece <input type="checkbox"/> Hungary <input type="checkbox"/> Iceland <input type="checkbox"/> Ireland <input type="checkbox"/> Italy <input type="checkbox"/> Latvia <input type="checkbox"/> Liechtenstein <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Macedonia <input type="checkbox"/> Malta <input type="checkbox"/> Moldova <input type="checkbox"/> Monaco <input type="checkbox"/> Montenegro <input type="checkbox"/> Netherlands <input type="checkbox"/> Norway <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Serbia <input type="checkbox"/> Slovak Republic <input type="checkbox"/> Slovenia <input type="checkbox"/> Spain <input type="checkbox"/> Sweden <input type="checkbox"/> Switzerland <input type="checkbox"/> Turkey <input type="checkbox"/> Ukraine <input type="checkbox"/> United Kingdom <input type="checkbox"/> Vatican City	<input type="checkbox"/> Bermuda <input type="checkbox"/> Mexico <input type="checkbox"/> Canada  <p style="text-align: center;"><b>South America</b></p> <input type="checkbox"/> Argentina <input type="checkbox"/> Bolivia <input type="checkbox"/> Brazil <input type="checkbox"/> Chile <input type="checkbox"/> Colombia <input type="checkbox"/> Ecuador <input type="checkbox"/> Guyana <input type="checkbox"/> Paraguay <input type="checkbox"/> Peru <input type="checkbox"/> Suriname <input type="checkbox"/> Uruguay <input type="checkbox"/> Venezuela  <p style="text-align: center;"><b>Oceania</b></p> <input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> Cook Islands <input type="checkbox"/> Fiji <input type="checkbox"/> Kiribati <input type="checkbox"/> Marshall Islands <input type="checkbox"/> Nauru <input type="checkbox"/> Palau <input type="checkbox"/> Papua New Guinea <input type="checkbox"/> Samoa <input type="checkbox"/> Solomon Islands <input type="checkbox"/> Tonga <input type="checkbox"/> Tuvalu <input type="checkbox"/> Vanuatu  <p style="text-align: center;"><b>Other</b></p> <input type="checkbox"/> Subcontractor for Exporter <input type="checkbox"/> _____

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 3<sup>rd</sup> 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.