



U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: XX/XX/XXXX

Client Number:
Location Code:
Initials of Data Inputter:

PART I: Client Request for Counseling

1. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)	2. Email			
3. Telephone Primary _____ Secondary _____				
4. Street Address/PO Box (business address if currently in business)	5. City	6. State/Territory	7. Zip	+4

8. Client Agreement: I request business counseling service from an SBA Resource Partner; I authorize SBA or its agents 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 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. I understand that any information disclosed will be protected to the extent permitted by law (SBA or its agents will not provide your personal information to commercial entities).

Use of Information: The information in this form is to be provided by individuals and businesses seeking technical assistance services from 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.

Client Signature: _____

Date: _____

9. Participation in Surveys and SBA Communication: I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA Resource Partner 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

10. Primary Counseling Sought (select 2-3 topics only)

- | | | |
|--------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Business Start-up/Preplanning | <input type="checkbox"/> Business Planning/Growth | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Financial/Cash Flow | <input type="checkbox"/> Government Contracting | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Financing/Capital Sources | <input type="checkbox"/> Disaster Planning/Recovery | <input type="checkbox"/> Operations/Supply Chain |
| <input type="checkbox"/> Cyber Security | <input type="checkbox"/> Artificial Intelligence (AI) | <input type="checkbox"/> CMMC |
| | | <input type="checkbox"/> e-Commerce |

Other assistance requested: _____

11. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	12. Citizenship Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. National <input type="checkbox"/> Lawful Permanent Resident	13. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	14. Military Status <input type="checkbox"/> No Military Service <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Veteran <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Member of the Reserve/ National Guard <input type="checkbox"/> Active Duty <input type="checkbox"/> Military Spouse
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15. Referred by (Mark all that apply)

- | | | | | |
|--------------------------------|--------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> SBDC | <input type="checkbox"/> Boots to Business | <input type="checkbox"/> County Entity | <input type="checkbox"/> Faith-Based Organization | <input type="checkbox"/> Other Resource Partner |
| <input type="checkbox"/> SCORE | <input type="checkbox"/> USEAC | <input type="checkbox"/> City Entity | <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Other Client |
| <input type="checkbox"/> WBC | <input type="checkbox"/> SBA District | <input type="checkbox"/> State Entity | <input type="checkbox"/> Conference/Event | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> VBOC | <input type="checkbox"/> SBA Website | <input type="checkbox"/> Government Entity | <input type="checkbox"/> Mail | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> APEX | <input type="checkbox"/> Lender | <input type="checkbox"/> Local Economic Development Official | <input type="checkbox"/> Social Media | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> VR&E | <input type="checkbox"/> Business Owner | <input type="checkbox"/> Chamber of Commerce | | |

16. Barriers to Success

- | | | |
|----------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Broadband/Internet Access | <input type="checkbox"/> Distance to Nearest Resource Partner | <input type="checkbox"/> Infrastructure/Transportation Challenges |
| <input type="checkbox"/> Lack of Capital | <input type="checkbox"/> Workforce Availability | <input type="checkbox"/> Lack of Childcare |
| | | <input type="checkbox"/> Other _____ |

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

17. Are you currently in business? Yes No (STOP form is complete) Undetermined (STOP form is complete)

18. Company/Business Name _____

19. Are you currently exporting? Yes No

If yes to 19, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (identify all that apply).

20. Type of Business (choose primary category)

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



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Privacy Act Statement: The primary purpose for collecting this information is 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. Providing the requested information is required to obtain and/or retain benefits. Routine uses of this information are established in SBA's Privacy Act System of Record, SBA 11, Entrepreneurial Development--Management Information System published on April 1, 2009, at 74 FR 14890. Any personal information collected will be protected to the extent permitted by law, including the Privacy Act of 1974 and the Freedom of Information Act (FOIA). In addition, to the extent permitted under FOIA, confidential business information (CBI) will only be disclosed to contractor or Agency personnel assigned to work on these programs. Any Person concerned with the collection of this information, disclosure or routine use under the Privacy Act may contact the Freedom of Information/Privacy Acts Office, Small Business Administration, 409 3rd St., S.W., Washington, D.C. 20416.

Appendix A to Questions 19. & 34.

If your company is currently exporting, please indicate the countries to which your company exports. Identify all that apply.

Countries

- Subcontractor for Exporter
 Sell to Fill-Freight

Appendix B Definitions:

In Business - A business that has completed required registration(s), if applicable, with the local, state, and/or Federal government (e.g., DBA registration, get a business license, agency issued tax identifications, etc.) AND at least one of the following:

- Generating revenue- Has documented a transaction from the sale of a product or professional or personal service for the purpose of gain or profit.
- Accessing Capital- Has acquired debt or Equity Infusion to pursue business operations, for example, to purchase inventory, equipment, building, business, etc.
 - Debt includes SBA Loans and Non-SBA loans. Non-SBA loans include all forms of capital debt, for example, consumer debt products used specifically for the business, lines of credit, and other revolving debt facilities/instruments.
 - Equity Infusion includes all forms of investments from all sources, for example, angel investors, crowd funding, family contributions, owners' capital contributions, grants and other capital contributions not associated with equity.
- Acquired Resources - Has hired and/or compensated an employee(s) including the business owner/sole proprietor or contracted with an independent contractor(s) to perform essential business functions.
- Incurring expense- Has incurred business expenses in the operation of a business.

Reportable Impact - Counselor determines that the Resource Partner provided assistance with the business start. When the Reportable Impact indicator is marked Yes, it will be counted as a new business start if no other previous session has reported the same client to have Reportable Impact for that business.

Jobs Created: Jobs Created are new jobs that are directly or indirectly generated with assistance from the Resource Partner or associated follow-on private investment. Jobs Created includes the business owner(s) who are employed in the business.

Type of Session: Training - The Training session type on the 641 may be used to record individual attendance at training sessions hosted by Resource Partners. Training courses and aggregated training attendance information is reported on the 888 form.

Please note: The estimated burden for completing this form is 15 minutes. You are not required to respond to any collection information unless it displays a current valid OMB approval number. Comments on the burden should be sent to: OED@sba.gov. Alternatively, inquiries can be sent to U.S. Small Business Administration, Attn: Director, Records Management Division, 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.