U.S. Small Business Administration
Counseling Information Form

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

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:

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

14. Race (Mark one or more)
☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
☐ Asian ☐ White
☐ Black or African American

15. Ethnicity
☐ Hispanic or Latino
☐ Not Hispanic or Latino

16.Gender
☐ Male
☐ Female

17. Do you consider yourself a person with a disability?
☐ Yes ☐ No

18. Veteran Status: ☐ Non-Veteran ☐ Veteran
☐ Service-Disabled Veteran

18a. Military Status ☐ Member of Reserve or National Guard
☐ On Active Duty

19. Referred by? (Mark all that apply)
☐ SBA District Office   ☐ SBDC   ☐ Other Client   ☐ Magazine/Newspaper   ☐ Other (specify) _____
☐ Lender   ☐ USEAC   ☐ Educational Institution   ☐ Word of Mouth
☐ Business Owner   ☐ SCORE   ☐ Local Economic Development Official   ☐ Television/Radio
☐ SBA Web site   ☐ WBC   ☐ Chamber of Commerce   ☐ 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

22. Type of Business (choose primary category)
☐ Mining   ☐ Manufacturing   ☐ Real Estate & Rental & Leasing   ☐ Professional, Scientific & Technical Services
☐ Utilities   ☐ Finance & Insurance   ☐ Health Care & Social Assistance   ☐ Management of Companies & Enterprises
☐ Information   ☐ Wholesale Trade   ☐ Accommodation & Food Services   ☐ Agriculture, Forestry, Fishing & Hunting
☐ Construction   ☐ Public Administration   ☐ Arts, Entertainment & Recreation ☐ Administrative & Support
☐ Retail Trade   ☐ Educational Services   ☐ Transportation & Warehousing   ☐ Waste Management & Remediation Services
                                                                                      ☐ Other Services (except Public Administration)

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

27a. Total No. of Employees (Full & PT)_____ **27b. Of total employees, how many are engaged in the exporting aspect of your business**? (Full & PT)_____	**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?** ☐ Sole Proprietorship ☐ Corporation ☐ LLC ☐ S-Corporation ☐ Partnership ☐ Other (specify) _____

30. What is the nature of counseling you are seeking? (Choose primary category)

☐ Start-up Assistance (How do I start a   ☐ Human Resources/   ☐ Marketing/Sales (promotion, market   ☐ Technology/Computers
   small business?)   Managing Employees   research, pricing, etc.)   ☐ eCommerce (using the
☐ Business Plan   ☐ Customer Relations   ☐ Government Contracting (including   Internet to do business)
☐ Financing/Capital (such as applying   ☐ Business Accounting/   certifications)   ☐ Legal Issues (such as,
   for a loan, building equity capital)   Budget   ☐ Franchising   Should I incorporate?)
☐ Managing a Business   ☐ Cash Flow Management   ☐ Buy/Sell Business   ☐ International Trade
                                          ☐ Tax Planning

☐Describe specific assistance requested in the space provided_____

SBA Form 641 (1/2011)

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

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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
☐ Afghanistan	☐ Algeria	☐ Anguilla	☐ Belize	☐ Bermuda
☐ Bahrain	☐ Angola	☐ Antigua & Barbuda	☐ Costa Rica	☐ Mexico
☐ Bangladesh	☐ Benin	☐ Aruba	☐ El Salvador	☐ Canada
☐ Belarus	☐ Botswana	☐ Bahamas	☐ Guatemala	
☐ Bhutan	☐ Burkina Faso	☐ Barbados	☐ Honduras	
☐ Brunei	☐ Burundi	☐ Virgin Islands	☐ Nicaragua	
☐ Burma	☐ Cameroon	(British)	☐ Panama	
☐ Cambodia	☐ Cape Verde	☐ Cayman Islands		
☐ China	☐ Central African	☐ Cuba		
☐ East Timor	Republic	☐ Dominica		

			Europe	South America
☐ Georgia	☐ Chad	☐ Dominican Republic		
☐ Hong Kong	☐ Comoros	☐ Grenada	☐ Austria	☐ Argentina
☐ India	☐ Congo	☐ Haiti	☐ Azerbaijan	☐ Bolivia
☐ Indonesia	☐ Democratic	☐ Jamaica	☐ Albania	☐ Brazil
☐ Iran	Republic of Congo	☐ Montserrat	☐ Armenia	☐ Chile
☐ Iraq	☐ Cote d'Ivoire	☐ Netherlands Antilles	☐ Belgium	☐ Colombia
☐ Israel	☐ Djibouti	☐ St. Kitts and Nevis	☐ Bosnia-	☐ Ecuador
☐ Japan	☐ Egypt	☐ St. Lucia	Herzegovina	☐ Guyana
☐ Jordan	☐ Equatorial Guinea	☐ St. Vincent and	☐ Bulgaria	☐ Paraguay
☐ Kazakhstan	☐ Eritrea	Grenadines	☐ Croatia	☐ Peru
☐ Korea, North	☐ Ethiopia	☐ Trinidad and Tobago	☐ Cyprus	☐ Suriname
☐ Korea, South	☐ Gabon		☐ Czech Republic	☐ Uruguay
☐ Kuwait	☐ Gambia		☐ Denmark	☐ Venezuela
☐ Kyrgyzstan	☐ Ghana		☐ Estonia	
☐ Laos	☐ Guinea		☐ Finland	Oceania
☐ Lebanon	☐ Guinea-Bissau		☐ France	☐ Australia
☐ Macau	☐ Kenya		☐ Germany	☐ New Zealand
☐ Malaysia	☐ Lesotho		☐ Greece	☐ Cook Islands
☐ Maldives	☐ Liberia		☐ Hungary	☐ Fiji
☐ Micronesia	☐ Libya		☐ Iceland	☐ Kiribati
☐ Mongolia	☐ Madagascar		☐ Ireland	☐ Marshall Islands
☐ Nepal	☐ Malawi		☐ Latvia	☐ Nauru
☐ Oman	☐ Mali		☐ Liechtenstein	☐ Palau
☐ Pakistan	☐ Mauritania		☐ Lithuania	☐ Papua New
☐ Philippines	☐ Mauritius		☐ Luxembourg	Guinea
☐ Qatar	☐ Morocco		☐ Macedonia	☐ Samoa
☐ Russia	☐ Mozambique		☐ Malta	☐ Solomon Islands
☐ Saudi Arabia	☐ Namibia		☐ Moldova	☐ Tonga
☐ Singapore	☐ Niger		☐ Monaco	☐ Tuvalu
☐ Sri Lanka	☐ Nigeria		☐ Montenegro	☐ Vanuatu
☐ Syria	☐ Rwanda		☐ Netherlands	
☐ Tajikistan	☐ Sao Tome and		☐ Norway	
☐ Taiwan	Principe		☐ Poland	Other
☐ Thailand	☐ Senegal		☐ Portugal	
☐ Turkey	☐ Seychelles		☐ Romania	
☐ Turkmenistan	☐ Sierra Leone		☐ Serbia	☐ Subcontractor for
☐ United Arab	☐ Somalia		☐ Slovak Republic	Exporter
Emirates	☐ South Africa		☐ Slovenia	☐ Sell to fill-freight
☐ Uzbekistan	☐ Sudan		☐ Spain	
☐ Vietnam	☐ Swaziland		☐ Sweden	
☐ Yemen	☐ Tanzania		☐ Switzerland	
	☐ Togo		☐ Turkey	
	☐ Tunisia		☐ Ukraine	
	☐ Uganda		☐ United Kingdom	
	☐ Zambia		☐ Vatican City	
	☐ Zimbabwe			