

Small Business Development Centers of Ohio Counseling Information Form

PART I: Client Request for Counseling

1a. Date		1b. History <input type="checkbox"/> One Time <input type="checkbox"/> Initial		
2a. Center Code		2b. SBA District		2c. Counselor Name:
3. Client Communication Type: <input type="checkbox"/> Face to Face <input type="checkbox"/> Online <input type="checkbox"/> Telephone				
4. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)			5. Position/Title	
6. Business Name				
7. Street Address/PO Box				
8. City		9. State		11. County
10a. Zip			10b. +4	
12. Email Address			13. Business Phone	
14. Home Phone		15. Business Fax		16. Other Phone
17. Website				
18. Business Description			19. Client Preferences	
			<input type="checkbox"/> No Mailings <input type="checkbox"/> No Public Release <input type="checkbox"/> No E-mail <input type="checkbox"/> SBA Impact Survey	
			20. Date of Birth	

PART II: Client/Owner Intake

21. Race <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> No Response		22. Ethnicity <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/> No Reply		23. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Reply		24. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Reply	
25a. Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Connected Disabled Veteran <input type="checkbox"/> No Reply				25b. Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty <input type="checkbox"/> Not Military			
26. What inspired you to contact us? <input type="checkbox"/> 1 st Stop Business Connection <input type="checkbox"/> Educational Institution <input type="checkbox"/> Magazine <input type="checkbox"/> SBA <input type="checkbox"/> Accountant/Attorney <input type="checkbox"/> Government Agency <input type="checkbox"/> Newspaper <input type="checkbox"/> SBDC <input type="checkbox"/> Bank <input type="checkbox"/> Internet <input type="checkbox"/> Other Client <input type="checkbox"/> Seminar <input type="checkbox"/> Business Owner <input type="checkbox"/> ITAC/ITD <input type="checkbox"/> PTAC <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Local ED Council <input type="checkbox"/> Radio/Television <input type="checkbox"/> Other							
27. Business Status <input type="checkbox"/> Existing Declining <input type="checkbox"/> Existing Healthy <input type="checkbox"/> Pre-venture/Nascent <input type="checkbox"/> Start-up <input type="checkbox"/> No Response				28. Business Start Date			
29. What is the legal entity of your business? (Business Organization) <input type="checkbox"/> C-Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Foreign <input type="checkbox"/> General Partnership <input type="checkbox"/> Non Profit Corporation <input type="checkbox"/> Undecided <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLP <input type="checkbox"/> S-Corporation							
30. Type of Business (choose primary category) <input type="checkbox"/> Accommodation & Food Services (72) <input type="checkbox"/> Management of Companies & Enterprises (55) <input type="checkbox"/> Real Estate & Rental & Leasing (53) <input type="checkbox"/> Administrative & Support (56) <input type="checkbox"/> Manufacturing - Food & Textiles (31) <input type="checkbox"/> Retail Trade - Multiple Product Sales (45) <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting (11) <input type="checkbox"/> Manufacturing - Non-Metal (32) <input type="checkbox"/> Retail Trade - Single Product Sales (44) <input type="checkbox"/> Arts, Entertainment & Recreation (71) <input type="checkbox"/> Manufacturing - Metals & Electronics (33) <input type="checkbox"/> Transportation and Warehousing (48) <input type="checkbox"/> Construction (23) <input type="checkbox"/> Mining (21) <input type="checkbox"/> Utilities (22) <input type="checkbox"/> Finance & Insurance (52) <input type="checkbox"/> Other Services (except Public Administration) (81) <input type="checkbox"/> Wholesale Trade (05) <input type="checkbox"/> Educational Services (61) <input type="checkbox"/> Parcel Delivery & Warehousing (49) <input type="checkbox"/> Health Care & Social Assistance (62) <input type="checkbox"/> Professional, Scientific & Technical Services (54) <input type="checkbox"/> Information (51) <input type="checkbox"/> Public Administration (92)							

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31. Business Ownership – What percentage of your business is male or female ownership? %Male _____ %Female _____	32. NAICS _____
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33. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	34. Is this a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No	35. Is this a commercial based business? <input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is this a new product or technology? <input type="checkbox"/> Yes <input type="checkbox"/> No	37a. Do you export? <input type="checkbox"/> Yes <input type="checkbox"/> No 37b. Do you import? <input type="checkbox"/> Yes <input type="checkbox"/> No	38. Is your business defense related? <input type="checkbox"/> Yes <input type="checkbox"/> No

39. What is the nature of counseling you are seeking?

<input type="checkbox"/> No Response	<input type="checkbox"/> Commercialization	<input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Regulatory Compliance
<input type="checkbox"/> Access to Capital – Debt	<input type="checkbox"/> Computer Systems	<input type="checkbox"/> International Trade	<input type="checkbox"/> Small Business Innovation Research
<input type="checkbox"/> Access to Capital – Equity	<input type="checkbox"/> Customer Relations	<input type="checkbox"/> International Trade Country Profiles	<input type="checkbox"/> Strategic Planning
<input type="checkbox"/> Agribusiness	<input type="checkbox"/> Engineering R&D	<input type="checkbox"/> International Trade Market Research	<input type="checkbox"/> Tax Planning
<input type="checkbox"/> Accounting/Budget/Inventory Setup	<input type="checkbox"/> eVantage	<input type="checkbox"/> Inventory Control	<input type="checkbox"/> Technology
<input type="checkbox"/> Business Planning	<input type="checkbox"/> Federal & State Tech. Program	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Women's Certification
<input type="checkbox"/> Business Start-Up	<input type="checkbox"/> Financial Analysis	<input type="checkbox"/> Management/Leadership	<input type="checkbox"/> Other
<input type="checkbox"/> Buy/Sell Business	<input type="checkbox"/> Franchising	<input type="checkbox"/> Market Diversification	
<input type="checkbox"/> Cash Flow Analysis & Management	<input type="checkbox"/> Government Contracting	<input type="checkbox"/> Marketing Planning	
<input type="checkbox"/> Community Dev. Block Grant	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Operations Analysis & Planning	

Describe specific assistance requested in the space provided.

40. Baseline Economic Indicators

40 a. Full Time Employees	40b. Part Time Employees	40c. Gross Revenue/Sales \$ <i>(for most recent full business year)</i>	40d. +Profits/-Losses \$ <i>(for most recent full business year)</i>

41. 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 3 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.

I have worked with my Business Advisor to establish and agree to the counseling goals in my file.

42. Preferred date & time for appointment Date: _____ Time: _____	43a. Client Signature _____	43b. Date: _____
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