**U.S. Small Business Administration**



OMB Approval No.:3245-0324

Expiration Date: 11/30/2013

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

**2**. City/State of Office Location

**PART I: Client Request for Counseling**

Telephone

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| --- | --- | --- | --- |
| **3**. **Client Name** (Name of the person completing the form/representative of the business)  (Last, First, MI) | | **4. Email** | |
| **5**. **Telephone 6. Fax**  Primary Secondary | | | |
| **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. | | | |
|  | **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  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White | | | | **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. What prompted you to contact us?** (mark all that apply)  SBA District SBA Web site Other Client Chamber of Commerce  Lender Magazine Educational Institution  Business Owner Internet Local Economic Development Official  Television/Radio Newspaper Word of Mouth Other (specify) | | | | | | | | | | |
| **20. Are you currently in business?**  Yes No **(if no, skip to 30)** | | | **21. Name of Company** | | | | | | | |
| **22. Type of Business** (choose primary category) Professional, Scientific & Technical Services  Mining Manufacturing Real Estate & Rental & Leasing Management of Companies & Enterprises Utilities Finance & Insurance Health Care & Social Assistance Agriculture, Forestry, Fishing & Hunting Information Wholesale Trade Accommodation & Food Services Administrative & Support  Construction Public Administration Arts, Entertainment & Recreation Waste Management & Remediation Services  Retail Trade Educational Services Transportation & Warehousing Other Services (except Public Administration) | | | | | | | | | | |
| **23. Business Ownership** – What percentage of  your business is male or female ownership?  % Male % Female | | **24. Month & Year**  **Business Started?** | | | | **25. Do you conduct**  **business online?**  Yes No | | | **26 Are you a 26a. Are you 8(a)**  **home based certified? Business?**  Yes No Yes No | |
| **27. Total No. of**  **Employees** (full & part time) | **28. For your most recent full business year,**  **what were your:**  Gross Revenues/Sales $  +Profits/-Losses $ | | | | | | **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 (11/10) Previous Editions are Obsolete**

In order for the SBDC to meet your counseling needs,

Please answer the following questions as completely as possible.

|  |  |  |
| --- | --- | --- |
| Briefly describe your existing or proposed business venture and where it is (or will be) located. | | |
| Who are (or will be) your customers? | | |
| Who is (or will be) your main competition? | | |
| How your business is (or will be) better than your competition? | | |
| Briefly describe your business experience. | | |
| How your business is or will be financed. | | |
| In which of the following areas do you want business counseling (circle all that apply): | | |
| Business Planning  Financing/Loans  Financial Management  Licensing/Regulations  Marketing Research | Marketing  Personnel  Exporting  Business Purchase/Sale  Other (Specify Exact Request) | Specific information: |

Return this form by: fax (804) 333-0187

or by mail to the following address; UMWSBDC - Warsaw

P.O. Box 490

479 Main Street

Warsaw, VA 22572

# UMWSBDC Logo FINAL VIRGINIA SBDC LOGO

# **Client Rights and Responsibilities**

1. You are entitled to be treated with courtesy and consideration by your counselor and other UMWSBDC personnel.
2. You are entitled to professional counseling services and be advised if the UMWSBDC is unable to provide services within the time frame required.
3. You have the right to privacy regarding information shared with the UMWSBDC. No information provided by you will be used to the commercial or other advantage of any staff member, consultant, or other resource of the UMWSBDC or to the advantage of any third party.
4. You are entitled to confidentiality of your client status with UMWSBDC. No public use of your name, address or business identity will be made without your express prior approval.
5. (**UMWSBDC is required to provide limited information with respect to your client status to the U.S. Small Business Administration)**
6. You are entitled to be charged a reasonable fee for training programs, special services, and publications. However you have the right to feel secure that no fee will be charged by UMWSBDC for the **normal counseling services** provided to you.
7. You may not be refused services on the basis of race, creed, color, religion, sex, age, national origin or disability.
8. Your acceptance of management and technical assistance from UMWSBDC means that you agree to waive all claims against UMWSBDC and its staff or any other resources employed by or used in connection with these services.
9. You are expected to cooperate with the UMWSBDC in its efforts to assure the quality and effectiveness of the counseling services it provides.
10. You are expected to complete a brief impact assessment at the end of each calendar year in order to continue services.

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Client’s Printed Name Date

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Signature