



SBDC Request for Counseling

The VSBDC is committed to providing high quality, in-depth counseling to small businesses. Please provide the information below, which will be held in strictest confidence by our staff.

SECTION I: GENERAL INFORMATION

Name: _____
First Name M I Last Name

Business Name: _____

Business or Home Address: _____

County or City of: _____

Business Phone: _____ Business Fax: _____

Home Phone: _____ E-mail Address: _____

Do You Require Assistance with a Disability? Yes No If Yes, How May We Help? _____

Do you currently own this business? Yes No If Yes, when did you start? (Mo/Yr) _____

Please indicate in which industry your business is/will be: Retail Service Wholesale
 Manufacturing Construction

What is/will be the legal structure of your business? Not Yet Determined Sole Proprietorship
 Partnership Corp. S-Corp. Limited Liability Co. (LLC)

What were your annual gross sales last year? _____

How many full-time positions do you employ? _____ Part-time? _____

Have you attended a workshop here before? Yes No Name of Workshop: _____

Have you been a counseling client of the SBDC? Yes No

How did you hear about our counseling services? _____

SECTION II: DEMOGRAPHIC INFORMATION

Since our program is partially funded under a federal grant we are required to track client demographics. This information is confidential and is used only for statistical purposes. Please check the description, which most closely applies to the owners of the business.

Race:	Ethnicity:	Gender:	Veteran Status:	Within the last two Years, have you Received:	SBA Client:
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Male	<input type="checkbox"/> Veteran	<input type="checkbox"/> Aid to Families with Dependent Children (AFDC)?	<input type="checkbox"/> Borrower
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/> Applicant
<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Male/Female	<input type="checkbox"/> Disabled Veteran		<input type="checkbox"/> 8(a) Client
<input type="checkbox"/> American Indian/ Alaskan Native			<input type="checkbox"/> Not Applicable		<input type="checkbox"/> COC
					<input type="checkbox"/> Surety Bond
					<input type="checkbox"/> Not Applicable

SECTION III: CLIENT AGREEMENT

I request business management counseling service from the SBA through the Small Business Development Center. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA or SBDC assistance services. I authorize the SBA or SBDC to furnish relevant information to the assigned counselor(s). I understand that any information disclosed will be held in strict confidence by him or her. It has been explained to me that I may use further services sponsored by the U.S. Small Business Administration.

I further understand that any counselor or staff member has agreed: (1) not to recommend goods or services from sources in which he or she has an interest, nor (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 VSBDC personnel, SBA, SCORE, the VSBDC host organization, The University of Mary Washington, and other resource counselors/programs arising from this assistance.

 Signature and Title of Requester

 Date

Business Classification:	Client Classification:	SIC Code:	Date of Appt:	Case Number:	
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OMB Approval No. 3245-0091

SBA Form 641

- PLEASE FILL OUT SECOND PAGE -
 CONFIDENTIAL

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 (540) 286-8042

or by mail to the following address;

RRSBDC
College of Graduate and
Professional Studies
121 University Blvd.
Fredericksburg, VA 22406

*** Because it is necessary that the Request for Counseling Form is signed and dated, the RRSBDC Office will not accept the Request for Counseling Form if it is e-mailed to us.**