U.S. Small Business Administration
Counseling Information Form

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.

Use of Information: The information in this form is to be provided by individuals and business seeking technical assistance services from the Small Business Administration (SBA) or 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.

12. Preferred date & time for appointment
   Date: ___________________________    Time: ___________________________
   13. Client Signature

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. Referred by? (Mark all that apply)
   [ ] SBA District
   [ ] SBDC
   [ ] Other Client
   [ ] Lender
   [ ] USFAC
   [ ] Educational Institution
   [ ] Business Owner
   [ ] SCORE
   [ ] Local Economic Development Official
   [ ] SBA Web site
   [ ] WBC
   [ ] Chamber of Commerce
   [ ] Magazine/Newspaper
   [ ] Word of Mouth
   [ ] Television/Radio
   [ ] 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
   [ ] Service 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 small business?)
   [ ] Business Plan
   [ ] Human Resources/Managing Employees
   [ ] Marketing/Sales (promotion, market research, pricing, etc.)
   [ ] Financing/Capital (such as applying for a loan, building equity capital)
   [ ] Customer Relations
   [ ] Government Contracting (including certifications)
   [ ] Managing a Business
   [ ] Business Accounting/ Budget
   [ ] Franchising
   [ ] Tax Planning
   [ ] Cash Flow Management
   [ ] Buy/Sell Business
   [ ] Technology/Computers
   [ ] Internet to do business
   [ ] Legal Issues (such as, Should I Incorporate?)
   [ ] International Trade

Describe specific assistance requested in the space provided. ________________________________________________________
Part III: Counselor Record

31. Client Name (please use the same name from original 641 Part 1) (Last, First, MI)

32. Email

33. Telephone
   Primary
   Secondary

34. Fax

35. Street Address /P.O. Box
   36. City
   37. State
   38. Zip
   +4

39a. Is the client currently in business? [ ] Yes [ ] No (if no, skip to 44)
39b. Is the client currently exporting? [ ] Yes [ ] No

If yes, please turn to Appendix A on page 3 to indicate the markets to which your client currently exports (mark all that apply).

40. Date Business Started?

41a. Total No. of Employees: (Full & PT)
41b. Of total employees, how many are engaged in the exporting aspect of client’s business?: (Full & PT)

42a. As of the most recent full business year, what were the client’s annual:
   Gross Revenues/Sales $ _______________ + Profits/-Losses $ _______________

42b. As of the most recent full business year, how much of your client’s Gross Revenues/Sales were related to exporting? $ _______________

43. SBA or Resource Partner Service Contributed to the Following: (Mark all that apply)
   SBA Loan Amount $ ______________________
   Non-SBA Loan Amount $ ______________________
   Amount of Equity Capital Received $ _______________
   No. of Government Contracts/Subcontracts ______________________
   Annual Value of Government Contracts/Subcontracts Received $ _______________

44. What was the nature of the counseling you provided the client? (choose primary category)
   [ ] Start-up Assistance (How do I start a small business?)
   [ ] Business Plan
   [ ] Financing/Capital (such as, applying for a loan, building equity capital)
   [ ] Managing a Business
   [ ] Human Resources/Managing Employees
   [ ] Customer Relations
   [ ] Business Accounting/Budget
   [ ] Cash Flow Management
   [ ] Tax Planning
   [ ] Marketing/Sales (promotion, market research, pricing, etc.)
   [ ] Government Contracting (including certifications)
   [ ] Franchising
   [ ] Buy/Sell Business
   [ ] Technology/Computers
   [ ] eCommerce (using the Internet to do business)
   [ ] Legal Issues (such as, Should I incorporate?)
   [ ] Other (specify)

45. Referred Client to (mark all that apply):
   [ ] WBC
   [ ] SCOR
   [ ] BBBD
   [ ] SBA District Office
   [ ] USEAC
   [ ] State Trade Agency
   [ ] Export/Import Bank
   [ ] OPIC
   [ ] Dept of Commerce
   [ ] Dept of State
   [ ] Dept of Agriculture
   [ ] U.S. Trade & Development Agency

46. Type of Session
   [ ] Face to Face
   [ ] Telephone
   [ ] Online
   [ ] Update
   47. Language(s) Used
   [ ] English
   [ ] Spanish
   [ ] Other (specify) _______________

48. History
   [ ] New Case
   [ ] Follow-up
   [ ] One Time

49. Date Counseled (MM/YYYY)

50. Counselor(s) Name (If multiple counselors, list lead counselor first and separate each additional counselor name by a semi-colon):

51. Contact Hours
   Total contact hours that a client received

51b. Prep Hours
   Total amount of preparation spent by all of the counselors for a client

52. Did more than one Counselor participate in this counseling session? [ ] Yes [ ] No

If yes, how many counselors _______________?

53. Counselor’s Notes:
### 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)

<table>
<thead>
<tr>
<th>Asia</th>
<th>Africa</th>
<th>Caribbean</th>
<th>Central America</th>
<th>North America</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>Algeria</td>
<td>Anguilla</td>
<td>Belize</td>
<td>Bermuda</td>
</tr>
<tr>
<td>Bahrain</td>
<td>Angola</td>
<td>Antigua &amp; Barbuda</td>
<td>Costa Rica</td>
<td>Mexico</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>Benin</td>
<td>Aruba</td>
<td>El Salvador</td>
<td>Canada</td>
</tr>
<tr>
<td>Belarus</td>
<td>Botswana</td>
<td>Bahamas</td>
<td>Guatemala</td>
<td></td>
</tr>
<tr>
<td>Bhutan</td>
<td>Burkina Faso</td>
<td>Barbados</td>
<td>Honduras</td>
<td></td>
</tr>
<tr>
<td>Brunei</td>
<td>Burundi</td>
<td>Virgin Islands (British)</td>
<td>Nicaragua</td>
<td></td>
</tr>
<tr>
<td>Burma</td>
<td>Cameroon</td>
<td>Cayman Islands</td>
<td>Panama</td>
<td></td>
</tr>
<tr>
<td>Cambodia</td>
<td>Cape Verde</td>
<td>Cuba</td>
<td></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>Central African Republic</td>
<td>Dominican Republic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Timor</td>
<td>Chad</td>
<td>Grenada</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Georgia</td>
<td>Comoros</td>
<td>Haiti</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hong Kong</td>
<td>Congo</td>
<td>Jamaica</td>
<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>Democratic Republic of Congo</td>
<td>Montserrat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indonesia</td>
<td>Djibouti</td>
<td>Netherlands Antilles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iran</td>
<td>Egypt</td>
<td>St. Kitts and Nevis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iraq</td>
<td>Equatorial Guinea</td>
<td>St. Lucia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Israel</td>
<td>Eritrea</td>
<td>St. Vincent and Grenadines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td>Gabon</td>
<td>Trinidad and Tobago</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jordan</td>
<td>Gambia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>Ghana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korea, North</td>
<td>Guinea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korea, South</td>
<td>Guinea-Bissau</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kuwait</td>
<td>Kenya</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>Lesotho</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laos</td>
<td>Liberia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lebanon</td>
<td>Libya</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Macau</td>
<td>Madagascar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaysia</td>
<td>Malawi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maldives</td>
<td>Mali</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Micronesia</td>
<td>Mauritania</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mongolia</td>
<td>Mauritius</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nepal</td>
<td>Morocco</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oman</td>
<td>Mozambique</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pakistan</td>
<td>Namibia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Philippines</td>
<td>Niger</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qatar</td>
<td>Nigeria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russia</td>
<td>Nigeria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>Rwanda</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Singapore</td>
<td>Sao Tome and Principe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Senegal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syria</td>
<td>Seychelles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tajikistan</td>
<td>Sierra Leone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taiwan</td>
<td>Somalia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thailand</td>
<td>South Africa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turkey</td>
<td>Sudan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>Swaziland</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>Tanzania</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>Togo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vietnam</td>
<td>Tunisia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yemen</td>
<td>Uganda</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zambia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zimbabwe</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.