OMB Approval No. 3245-0091
Expiration Date: 06/30/01

Case Number: _____

U.S. Small Business Administration

Request for Counseling

1. Your Name (First, Middle, Last)

2. Telephone Number(s)
Home _____
Business _____
Fax _____

3. Email address

4. Street Address	5. City	6. County	7. State	8. Zip

9. Race (mark one or more)
a. Native American or Alaskan Native ☐
b. Asian ☐
c. Black or African American ☐
d. Native Hawaiian or other Pacific Islander ☐
e. White ☐

10. Ethnicity
a. Hispanic Origin ☐
b. Not of Hispanic Origin ☐

11. Business Owner Gender
a. Male ☐
b. Female ☐
c. Male/Female ☐

12. Within the last two years, have you ever received:
a. Aid to Families with Dependent Children (AFDC)
Yes ☐ No ☐
b. Temporary Assistance to Needy Families (TANF)
Yes ☐ No ☐

13. Veteran Status
a. Veteran ☐
b. Service Connected Disabled Veteran ☐
c. Non-veteran ☐
d. I Do Not Wish to Respond ☐

14. How did you hear of us?
a. Word of Mouth ☐
b. Bank ☐
c. Newspapers ☐
d. Chamber of Commerce ☐
e. Internet ☐
f. Radio ☐
g. Television ☐
h. Magazine ☐
i. Other _____
j. SBA ☐

15. Describe the nature of the counseling you are seeking.

16. Currently in Business? Yes ☐ No ☐ (If no, skip to line 20) Is this a Home-based Business? Yes ☐ No ☐

17. Type of Business

18. Name of Company:

19. How long in business?

20. Indicate preferred date & time for appointment:
Date: Time:

I request business management counseling service from a Small Business Administration Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA assistance services. I authorize SBA to furnish relevant information to the assigned management counselor(s). I understand that any information disclosed to be held in strict confidence by him/her.

I further understand that any counselor has agreed 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, SCORE and its host organizations, and other SBA Resource Counselors arising from this assistance.

Please note: The estimated burden for completing this form is 15 minutes per response. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspects of this information, please contact the U.S. Small Business Administration, Chief, Administrative Information Branch, Washington, DC 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project (3245-0091), Washington, DC 20503.

Signature: Date:

Federal Recycling Program Printed on Recycled Paper

Chapter Number _____
Branch Name _____

OMB Approval No. 3245-0091
Expiration Date: 06/30/01

Case Number _____
Date Entered _____
Entry by _____

Telephone Counseling ☐
E-mail Counseling ☐

U.S. Small Business Administration

Counseling Information Sheet

1. Client Information:

Name: _____
First Middle Last

2. Appointment Scheduled:
With (counselor) _____
On (date) _____
(time) _____ ☐ AM / ☐ PM
Conf. By _____ on _____

3. a) New case ☐ b) Follow-on ☐ c) Close out ☐

4. Legal Entity: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ S-Corporation ☐ LLC

5. Client objective / Counseling purpose: _____

6. Primary area(s) of counseling:

a.	Start-ups	☐	d.	Financial	☐	g.	Intl. Trade	☐	j. Franchises ☐
b.	Capital Sources	☐	e.	Human Resources	☐	h.	Business Plan	☐	k. Other _____
c.	Marketing/Sales	☐	f.	Technology	☐	i.	Buy/Sell	☐	l. Other _____

7. Counselor's Notes:

8. Counselor Name(s) _____

9. Counseling Date _____ 10. Counseling Hours _____

11. SBA Client:

a) Borrower ☐ d) COC ☐
b) Applicant ☐ e) Surety Bond ☐
c) 8(a) Client ☐

12. Has client been informed about other SBA resources? ☐ yes ☐ no

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