

This form is to be used to report small business counseling of greater than one hour:

Block A: Denotes standard SBA office code.

Block B: The first two digits reflect SBDC number; the second three reflect subcenter (see handbook for codes).

Block C: Reflects unique client numbers - required on all follow-up counseling.

Block D: Complete as appropriate.

Block E: Must be completed.

- 1) One-time: Any counseling session (minimum of one hour) expected to require only that single session.
- 2) Initial: Any counseling session (minimum of one hour) expected to require another session. This opens a case and places that case on the Client List.
- 3) Follow-On: Any non-final counseling provided to a client who has already received either an Initial or One-Time counseling session.
- 4) Follow-On Release: Any final counseling provided to a client who has already received either an Initial or One-Time counseling session (This closes the case and removes it from the Client List).
- 5) Admin. Closure: This closes an open case and removes it from the Client List when no further counseling is anticipated.
- 6) Chng Cll Info: To change or correct any previously entered information pertaining to the client - provide corrections in appropriate blocks.
- 7) Chng Cns Info: To change or correct any previously entered information pertaining to a specific counseling session.

Block F: Complete as available. If unavailable, put N/A.

Block G: Complete as appropriate.

Note: Blocks H - R are only required for Initial and One-Time Cases.

Block M: Indicate predominant type of business.

Block N: Optional - identify predominant business.

Block O: Indicate any type of SBA financial relationship the client may have. If none, so indicate.

Block P: Indicate sex of owner/inquirer with 51% ownership. If joint ownership, indicate male/female.

Block Q: Must be completed for all clients, including white.

Block R: Must be completed for all clients.

Block S: Indicate the one predominant type of counseling provided.

Block T-V: Indicate hours in whole numbers.

Block W: Indicate appropriate counselor number.

Block Y: Check this block to indicate the resource utilized by the SBDC to service the small business client. If the SBDC refers a client to SCORE/ACE, or SBI, the client then becomes a SCORE/ACE, or SBI client, and not an SBDC client and future reporting should be submitted on SBA Form 641A.

Please Note: The estimated burden for completion of this form is 30 minutes per response. If you have any questions or comments concerning this estimate or any other aspect of this information collection please contact, Chief Administrative Information Branch, U.S. Small Business Administration, Washington, D.C. 20416 and Desk Officer for SBA, Paperwork Reduction Project (3245-0108) Office of Management and Budget, 20503. **PLEASE DO NOT SEND FORMS TO OMB.**



U.S. SMALL BUSINESS ADMINISTRATION
SMALL BUSINESS DEVELOPMENT CENTER COUNSELING RECORD

OMB NO. 3245-0108
 Expiration Date: 4/30/2004

Please Print or Type

A. LOCATION CODE	B. SBDC CODE	C. CLIENT NO.	D. DATE OF CONTACT	E. TYPE OF ACTION 1. ONE TIME <input type="checkbox"/> 2. INITIAL 3. FOLLOW-ON 4. FOLLOW-ON REL. 5. ADMIN CLOSURE 6. CHNG. CLT. INFO. 7. CHNG. CNS. INFO. <input type="checkbox"/>
F. NAME OF COMPANY			G. NAME OF INQUIRER (Last, First, Middle Initial)	
H. ADDRESS OF COMPANY/INQUIRER			I. CITY/TOWN	J. STATE
K. ZIP CODE		L. TELEPHONE NUMBER		
BUSINESS INFORMATION			BUSINESS OWNERSHIP	
M. TYPE OF BUSINESS 1. RETAIL <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. MANUFACTURING <input type="checkbox"/> 5. CONSTRUCTION <input type="checkbox"/> 6. NOT IN BUSINESS <input type="checkbox"/>			P. SEX <input type="checkbox"/> 1. MALE <input type="checkbox"/> 2. FEMALE <input type="checkbox"/> 3. MALE/FEMALE	
N. SIC CODE (Leave blank if unknown) <input type="text"/>			Q. ETHNIC BACKGROUND a. RACE: 1. NATIVE AMERICAN OR ALASKAN NATIVE 2. ASIAN 3. BLACK OR AFRICAN AMERICAN 4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 5. WHITE b. ETHNICITY: 1. HISPANIC ORIGIN 2. NOT OF HISPANIC ORIGIN	
O. SBA CLIENT 1. BORROWER 2. APPLICANT 3. 8(a) CLIENT 4. COC <input type="checkbox"/> 5. SURETY BOND			R. MILITARY STATUS 1. VETERAN* <input type="checkbox"/> 2. SERVICE DISABLED VETERAN* 3. DISABLED VETERAN 4. NON-VETERAN <small>*These categories are required by PL-106-50, Veterans Entrepreneurship and Small Business Act of 1999</small>	
S. AREA OF COUNSELING PROVIDED 1. BUS. START-UP/ACQUISITION 5. ACCOUNTING & RECORDS 9. PERSONNEL 13. TECHNOLOGY 2. SOURCES OF CAPITAL 6. FINAN. ANALYSIS/COST CONTROL 10. COMPUTER SYSTEMS 3. MARKETING/SALES 7. INVENTORY CONTROL 11. INTERNAT'L TRADE 4. GOVERNMENT PROCUREMENT 8. ENGINEERING, R&D 12. BUSINESS LIQ./SALE <input type="checkbox"/>				
T. CONTRACT HOURS	U. PREPARATION HOURS	V. TRAVEL HOURS	W. COUNSELOR NUMBER	
X. NAME OF COUNSELOR/DATE			Y. RESOURCE SCORE/AGE SBI PROF/TR	EMPLOYEE FACULTY GR. STUD. A. CONSLT C. CONTRACT OTHER
Z. PROBLEMS/COMMENTS RECOMMENDATIONS (Attach additional sheet if needed)				

GRAY AREA IS NOT REQUIRED FOR FOLLOW-UP COUNSELING

