**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)  
   - City  
   - State  
   - Zip Code  

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**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. 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.

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**PART II: Client Intake (To be completed by all Clients)**

14. Race  
   - American Indian or Alaska Native  
   - Asian  
   - Black or African American  
   - Native Hawaiian or Other Pacific Islander  
   - Other (specify) ___________________________  

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  

19. Referred by?  
   - SBA District Office  
   - SBDC  
   - Other Client  
   - EHRC  
   - Licensed Professional  
   - Other (specify) ___________________________  

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  
   - Professional, Scientific & Technical Services  
   - Real Estate & Rental & Leasing  
   - Utilities  
   - Financial Services  
   - Agriculture, Forestry, Fishing & Hunting  
   - Information  
   - Wholesale Trade  
   - Administrative & Support Services  
   - Construction  
   - Public Administration  
   - Waste Management & Remediation Services  
   - Retail Trade  
   - Educational 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 [ ]

26. Are you a home based business?  
   - Yes [ ] No [ ]

26b. Are you 8(a) certified?  
   - Yes [ ] No [ ]

27. Total No. of Employees (Full & PT)  

27b. Of total employees, how many are engaged in the exporting aspect of your business? (Full & PT)  

28. For your most recent full business year, what were your:  
   - Gross Revenues/Sales $_________  
   - +Profits/-Losses $_________  
   - 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?)  
   - Marketing/Sales (promotion, market research, pricing, etc.)  
   - Business Plan  
   - Government Contracting (including certifications)  
   - Financing/Capital (such as applying for a loan, building equity capital)  
   - Business Accounting/ Budget  
   - Managing a Business  
   - Franchising  
   - Cash Flow Management  
   - Buy/Sell Business  
   - Tax Planning  
   - Technology/Computers  
   - eCommerce (using the Internet to do business)  
   - Legal Issues (such as, Should I incorporate?)  
   - International Trade  

   Describe specific assistance requested in the space provided ___________________________  

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