



U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 09/30/2006

Client Number:
Location Code:
Initials of Data Inputter:

1. Name of the Office Providing the Service Coastal Area SBDC 1a. Type of Client: Face to Face Online Telephone
 2. City/State of Office Location Conway, SC

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. Please note: The estimated burden for completing this form is 3 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.

12. Preferred date & time for appointment Date: _____ Time: _____	13. Client Signature _____	Date: _____
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PART II: Client Intake (to be completed by all Clients)

14. Race (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	15. Ethnicity <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin	16. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	17. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran	18a. Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty		

19. **What inspired you to contact us?** (mark all that apply)

<input type="checkbox"/> SBA	<input type="checkbox"/> Other Client	<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Bank	<input type="checkbox"/> Magazine	<input type="checkbox"/> Educational Institution	
<input type="checkbox"/> Business Owner	<input type="checkbox"/> Internet	<input type="checkbox"/> Local Economic Development Official	
<input type="checkbox"/> Television/Radio	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Word of Mouth	

20. Is the client currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30)	21. Name of Company
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22. **Type of Business** (choose primary category)

<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Real Estate & Rental & Leasing	<input type="checkbox"/> Professional, Scientific & Technical Services
<input type="checkbox"/> Utilities	<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Health Care & Social Assistance	<input type="checkbox"/> Management of Companies & Enterprises
<input type="checkbox"/> Information	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting
<input type="checkbox"/> Construction	<input type="checkbox"/> Public Administration	<input type="checkbox"/> Arts, Entertainment & Recreation	<input type="checkbox"/> Administrative & Support
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Transportation & Warehousing	<input type="checkbox"/> Waste Management & Remediation Services
			<input type="checkbox"/> Other Services (except Public Administration)

23. Business Ownership – What percentage of your business is male or female ownership? % Male _____ % Female _____	24. Month & Year Business Started?	25. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. Is this a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No
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27. Total No. of Employees (full & part time)	28. For your most recent full business year, what were your: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____	29. What is the legal entity of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____
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30. **What is the nature of counseling you are seeking?** (Choose primary category)

<input type="checkbox"/> Start-up Assistance (How do I start a small business?)	<input type="checkbox"/> Human Resources/ Managing Employees	<input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.)	<input type="checkbox"/> Technology/Computers
<input type="checkbox"/> Business Plan	<input type="checkbox"/> Customer Relations	<input type="checkbox"/> Government Contracting (including certifications)	<input type="checkbox"/> eCommerce (using the Internet to do business)
<input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital)	<input type="checkbox"/> Business Accounting/ Budget	<input type="checkbox"/> Franchising	<input type="checkbox"/> Legal Issues (such as, Should I incorporate?)
<input type="checkbox"/> Managing a Business	<input type="checkbox"/> Cash Flow Management	<input type="checkbox"/> Buy/Sell Business	<input type="checkbox"/> International Trade
	<input type="checkbox"/> Tax Planning		

Describe specific assistance requested in the space provided. _____



Coastal Area SBDC
P.O. Box 261954
Conway, SC 29528-6054
Phone: (843) 349-4010
Fax: (843) 349-6517

CLIENT/COUNSELOR ACTION AGREEMENT

Business or Client Name _____

The SC SBDC and _____ (client) agree to perform the following actions to the best of their abilities.

Project Goals: _____

Steps to be taken by counselor in assisting client to reach project goal(s):

Steps to be taken by client in reaching project goals(s):

Annual Sales _____
Sales Increase _____
Total Loan _____
Jobs Created _____

Jobs Retained _____
Start-up Date _____
Turned Around _____

In return for the management and technical assistance provided by the SC SBDC and to allow continued assistance in the future, I (we) agree to provide the counselor(s) with information regarding the results of loan applications and/or details of investor financing. The counselor agrees to treat all information received in complete confidence.

Client _____ Date _____

SBDC Counselor _____ Date _____

The South Carolina SBDC is partially funded under Cooperative Agreement No. 9-603001-Z-0043-29 by the U.S. Small Business Administration. The Small Business Development Center (SBDC) operates in partnership with the U.S. Small Business Administration. The support given by the U.S. Small Business Administration through such funding does not constitute an express or implied endorsement of the cosponsor(s) or participants' opinions, products or services. All SBDC programs are nondiscriminatory and available to individuals with disabilities.