



U.S. Small Business Administration  
**Counseling Information Form**  
*Alabama International Trade Center – The University of Alabama*

OMB Approval No.:3245-0324  
 Expiration Date: 11/30/2010

Client Number: Location Code: Initials of Data Inputter:
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1. Name of the Office Providing the Service Alabama International Trade Center 1a. Type of Client:  Face to Face  Online  
 2. City/State of Office Location Tuscaloosa, Alabama  Telephone

**PART I: Client Request for Counseling**

3. <b>Client Name</b> (Name of the person completing the form/representative of the business)		4. <b>Email:</b>	
		4a. <b>Website:</b>	
5. <b>Telephone</b>		6. <b>Fax</b>	
Primary _____		Secondary _____	
7. <b>Street Address/PO Box</b> (give business address if currently in business)		8. <b>City</b>	9. <b>State</b>
		10. <b>Zip</b>	+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 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 3<sup>rd</sup> 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. <b>Preferred date &amp; time for appointment</b>	13. <b>Client Signature</b>	Date:
Date: _____ Time: _____	PLEASE SIGN HERE	_____

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

14. <b>Race</b> (mark one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	15. <b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	16. <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	17. <b>Do you consider yourself a person with a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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18. <b>Veteran Status</b> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran	18a. <b>Military Status</b> <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty
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19. **What prompted you to contact us?** (mark all that apply)

<input type="checkbox"/> SBA District	<input type="checkbox"/> SBA Web site	<input type="checkbox"/> Other Client	<input type="checkbox"/> Chamber of Commerce
<input type="checkbox"/> Lender	<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	<input type="checkbox"/> Other (specify) _____

20. <b>Are you currently in business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30)	21. <b>Name of Company</b> _____
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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. <b>Business Ownership</b> – What percentage of your business is male or female ownership? _____% Male _____% Female	24. <b>Month &amp; Year Business Started?</b> _____	25. <b>Do you conduct business online?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	26. <b>Are you a home based Business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	26a. <b>Are you 8(a) certified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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27. <b>Total No. of Employees</b> (full & part time) _____	28. <b>For your most recent full business year, what were your:</b> Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____ Export Sales (\$ OR % of total) _____	29. <b>What is the legal entity of your business?</b> <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 checked="" type="checkbox"/> International Trade
<input type="checkbox"/> Tax Planning			

Describe specific assistance requested in the space provided. \_\_\_\_\_