



**Counseling Information Form  
North Texas Small Business Development Centers  
Tyler SBDC**



**PART I: Client Request for Counseling**

<b>1. Client Name</b> (Name of the person completing the form/representative of the business) (Last, First, MI)		<b>2. Email</b>	
<b>3. Telephone</b> Primary _____ Secondary _____		<b>4. Fax</b>	
<b>5. Street Address/PO Box</b> (give business address if currently in business)	<b>6. City</b>	<b>7. State</b>	<b>8. Zip</b> (+4 if known)
<p><b>9.</b> 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 <input type="checkbox"/> No <input type="checkbox"/>). 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 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.</p>			
<b>10. Client Signature</b>		<b>11. Date:</b>	

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

<b>12. Race</b> (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		<b>13. Ethnicity</b> <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic		<b>14. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>15. Do you consider yourself a person with a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>16. Veteran Status</b> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Veteran		
<b>16a. Reservist Status</b> <input type="checkbox"/> None <input type="checkbox"/> National Guard <input type="checkbox"/> National Guard – Active Duty <input type="checkbox"/> Reservist <input type="checkbox"/> Reservist – Active Duty		<b>17. Who referred you?</b> <input type="checkbox"/> Advertising <input type="checkbox"/> Bank <input type="checkbox"/> Chamber <input type="checkbox"/> Client/Word of Mouth <input type="checkbox"/> Educational Institution <input type="checkbox"/> Internet <input type="checkbox"/> Local Economic Development <input type="checkbox"/> Media (TV/Media) <input type="checkbox"/> Newspapers <input type="checkbox"/> SBA <input type="checkbox"/> SBDC <input type="checkbox"/> Training Seminar <input type="checkbox"/> Other (specify) _____				<b>18. SBA Client Status</b> Have you, or do you intend to apply for any of these SBA Programs? <input type="checkbox"/> 8 (a) Client <input type="checkbox"/> Procurement Assistance <input type="checkbox"/> Applicant <input type="checkbox"/> Surety Bond <input type="checkbox"/> Loan (Borrower) <input type="checkbox"/> Technical Assistance (micro loan) <input type="checkbox"/> COC –Certificate of Competency				
<b>19. Are you currently in business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>20. NAICS</b> –North American Industry Classification System Or <b>SIC</b> –Standard Industrial Classification <input type="checkbox"/> Unknown  (SBDC staff can provide assistance)				<b>21. Status</b> <input type="checkbox"/> Pre-venture/Nascent (skip to 32) <input type="checkbox"/> Start Up (in business < 1 year) <input type="checkbox"/> In Business (> 1 year)				
<b>22. Name of Company</b>				<b>22.a Company Email</b> [Same as above <input type="checkbox"/>		<b>22.b Phone</b> [Same as above <input type="checkbox"/>				
<b>23. Type of Business</b> (choose primary category) <input type="checkbox"/> Agriculture <input type="checkbox"/> Construction <input type="checkbox"/> Finance <input type="checkbox"/> Manufacturing <input type="checkbox"/> Research and Development <input type="checkbox"/> Retail Trade <input type="checkbox"/> Service Establishment			<b>24. Business Size</b> (choose primary category) <input type="checkbox"/> Certified SDB or SBA 8 (a) Small <input type="checkbox"/> Disadvantaged Small <input type="checkbox"/> Large <input type="checkbox"/> Minority – Owned Small <input type="checkbox"/> Other Small <input type="checkbox"/> Woman Owned Small				<b>25. Business Ownership</b> – Site the % of your business that is male or female owned? _____% Male _____% Female			
<b>26. Date Business Started?</b> ___/___/___		<b>27. Do you conduct business online?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>28. Home based business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>29. Total Employees –</b> (including owner) <input type="checkbox"/> Full Time _____ <input type="checkbox"/> Part Time _____		<b>30. In your most recent full business year:</b> Gross Revenues/Sales _____ +Profits/-Losses _____		
<b>31. What is the legal entity of your business?</b> <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation			<b>32. What is the nature of counseling you are seeking?</b> (Choose primary category) <input type="checkbox"/> Accounting & Records <input type="checkbox"/> Business Liquidation <input type="checkbox"/> Computer Systems <input type="checkbox"/> E-Commerce <input type="checkbox"/> Engineering R&D <input type="checkbox"/> Financing/Capital <input type="checkbox"/> Franchising <input type="checkbox"/> Government Contracting <input type="checkbox"/> International Trade <input type="checkbox"/> Inventory Control <input type="checkbox"/> Marketing/Sales <input type="checkbox"/> Personnel <input type="checkbox"/> Sources of Capital							
<b>Describe specific Assistance requested in the space provided.</b> _____ _____ _____										