



**Counseling Information Form
South-West Texas Border
Small Business Development Centers**



1. SBDC _____ 2. City/State of SBDC _____ Client Initial Session: Face-to-Face
 Telephone Online

PART I: Client Request for Counseling (Contact person completing the form)

3. Client Name (Last, First, MI)		4. Email Do you wish to receive email from SBDC? Yes No	
5. Telephone Primary/Business Cell		6. Fax	
7. Mailing Address		8. City	9. State
		10. Zip (+4 if known)	
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 <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 rd 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. Client Signature		13. Date:	

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

14. Race (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native American or Alaska Native		15. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		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"/> Service-Disabled Veteran <input type="checkbox"/> Veteran		18a. Military Status <input type="checkbox"/> On Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reservist					
19. What prompted you to contact us? (mark all that apply) <input type="checkbox"/> Advertising/Marketing <input type="checkbox"/> Client/Word of Mouth <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Training Seminar <input type="checkbox"/> Other (specify): <input type="checkbox"/> Bank <input type="checkbox"/> College/University <input type="checkbox"/> Local EDC <input type="checkbox"/> SBA Network <input type="checkbox"/> Website <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Email <input type="checkbox"/> Media/TV/Radio <input type="checkbox"/> SBDC <input type="checkbox"/> Yellow Pages							
20. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No		21. Company Name (if applicable)		21a. Website			
21b. Physical address of the business		City		State		Zip (+4 if known)	
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 is the gender of <u>business</u> ownership? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female ownership		24. Month & Year business started?		25. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26a. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Total # 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)	
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"/> Tax Planning <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> International Trade <input type="checkbox"/> Bid Match Client <input type="checkbox"/> Colonia <input type="checkbox"/> BBE Client <input type="checkbox"/> Military Base Contractor <input type="checkbox"/> Rural <input type="checkbox"/> International Trade (Tier I, II or III) <input type="checkbox"/> Military Base Employee <input type="checkbox"/> HUB Zone <input type="checkbox"/> Technology Client (SBIR/STTR) <input type="checkbox"/> Empowerment Zone							



**Counseling Information Form
South-West Texas Border
Small Business Development Centers**

Part III: Counseling Session Record

31. Client Name <i>(please use the same name from original 641 Part 1)</i> (Last, First, MI)		32. Email	
33. Telephone <i>Primary/Business</i> <i>Cell</i>		34. Fax	
35. Street Address/PO Box <i>(give business address if currently in business)</i>		36. City	37. State
		38. Zip <i>(+4 if known)</i>	

39. Is the client currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No	40. Month & Year business started?	41. Total # Employees (full & part time)	28. For your most recent full business year, what were: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____
---	---	--	--

43. SBDC Service Contributed to: \$ _____ SBA Loan \$ _____ Non-SBA Loan \$ _____ Amount of Equity Capital	Certifications <input type="checkbox"/> 8(a) <input type="checkbox"/> Hubzone <input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> Other: _____	SBA Financial Assistance: <input type="checkbox"/> Community Express <input type="checkbox"/> Microloan <input type="checkbox"/> Other: _____
---	--	---

44. **What was the nature of the counseling you provided the client?** *(choose primary category)*

<input type="checkbox"/> Accounting/Records	<input type="checkbox"/> e-Commerce	<input type="checkbox"/> Government Procurement	<input type="checkbox"/> Personnel
<input type="checkbox"/> Business Liquidation	<input type="checkbox"/> Engineering R&D	<input type="checkbox"/> International Trade	<input type="checkbox"/> Sources of Capital
<input type="checkbox"/> Business Startup/Acquisition	<input type="checkbox"/> Financial Analysis/Cost Control	<input type="checkbox"/> Inventory Control	<input type="checkbox"/> Technology
<input type="checkbox"/> Computer Systems	<input type="checkbox"/> Franchise	<input type="checkbox"/> Marketing/Sales	

44a. **Please specify additional counseling provided.** *(See CATS MIS "Additional Areas of Assistance" for a complete listing of categories.)*

45. Type of Session <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Telephone <input type="checkbox"/> Online <input type="checkbox"/> Prep	46. Language(s) Used <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Specify) _____
---	---

47. History <input type="checkbox"/> New (Initial) Case <input type="checkbox"/> Follow-up	48. Date Counseled
--	---------------------------

49. Counselor(s) Name <i>(If multiple counselors, list primary counselor first and separate each additional counselor name by a semi-colon)</i>	50a. Contact Hours <i>(Total clock time)</i>	50b. Prep Hours <i>(For all counselors)</i>	50c. Travel Hours <i>(Round trip)</i>
---	--	---	---

51. **Did more than one counselor attend and contribute to the counseling session?** Yes No
If yes, how many counselors? _____ *(should reconcile to the number of counselor names in Block 49)*

Counselor's Session Notes

Background:

Session Summary:

Findings/Recommendation:

Followup: