



Small Business Development Centers of Ohio Counseling Information Form

Expiration Date: 09/30/2006

- 1a. Date _____ 1b. History One Time Initial
 2a. Center Code _____ 2b. SBA District _____
 3. Client Communication Type: Face to Face Online Telephone

PART I: Client Request for Counseling

| | | | |
|---|--|--|------------------|
| 4. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI) | | 5. Email | |
| 6. Telephone Primary _____ Secondary _____ | | 7. Fax | |
| 8. Street Address/PO Box (give business address if currently in business) | | 9. City | 10. State |
| | | 11. Zip | +4 |
| <p>12. 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 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.</p> | | | |
| 13. Preferred date & time for appointment Date: _____ Time: _____ | | 14. Client Signature _____ Date: _____ | |

PART II: Client/Owner Intake

| | | | |
|--|--|--|---|
| 15. SBA Client Relationship <input type="checkbox"/> 8(a) Client <input type="checkbox"/> Applicant <input type="checkbox"/> Borrower <input type="checkbox"/> COC <input type="checkbox"/> Surety Bond <input type="checkbox"/> No Response | 16. Race <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 <input type="checkbox"/> No Response | 17. Ethnicity <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/> Somalian <input type="checkbox"/> No Response | 18. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female <input type="checkbox"/> No Response |
| 19. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 20a. Veteran Status <input type="checkbox"/> No Response <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran | |
| 20b. Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty <input type="checkbox"/> Not Applicable | | 21. What inspired you to contact us? <input type="checkbox"/> 1 st Stop Business Connection <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> ITAC/ITD <input type="checkbox"/> SBDC <input type="checkbox"/> Accountant/Attorney <input type="checkbox"/> Educational Institution <input type="checkbox"/> Other Client <input type="checkbox"/> Seminar <input type="checkbox"/> Advertising/Magazine/Newspaper <input type="checkbox"/> Government Agency <input type="checkbox"/> PTAC <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Bank <input type="checkbox"/> Local ED Council <input type="checkbox"/> Radio/Television <input type="checkbox"/> Other <input type="checkbox"/> Business Owner <input type="checkbox"/> Internet <input type="checkbox"/> SBA | |
| 22. Business Status <input type="checkbox"/> Existing Declining <input type="checkbox"/> Existing Healthy <input type="checkbox"/> Pre-venture (If Pre-venture selected, skip to 34) <input type="checkbox"/> Start-up | 23. Company Name _____ | | 24. Month & Year Business Started _____ |
| 25. What is the legal entity of your business? <input type="checkbox"/> C-Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Foreign C-Corporation <input type="checkbox"/> Foreign S-Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Non Profit Corporation <input type="checkbox"/> Foreign General Partnership <input type="checkbox"/> Foreign Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Foreign LLC <input type="checkbox"/> Foreign Limited Partnership <input type="checkbox"/> LLP <input type="checkbox"/> S-Corporation <input type="checkbox"/> Foreign LLP <input type="checkbox"/> Foreign Non Profit Corporation | | | |
| 26. Business Ownership – What percentage of your business is male or female ownership? % Male _____ % Female _____ | | | |
| 27. Type of Business (choose primary category) <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Information <input type="checkbox"/> Public Administration <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail Trade <input type="checkbox"/> Construction <input type="checkbox"/> Mining <input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Other Services (except Public Administration) <input type="checkbox"/> Utilities <input type="checkbox"/> Educational Services <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Waste Management & Remediation Services Briefly describe your business/product. _____ _____ | | | |

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|--|---|---|---|--|--|
| 28. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No | 29. Is this a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No | 30. Is this a commercial based business? <input type="checkbox"/> Yes <input type="checkbox"/> No | 31. Is this a new product or technology? <input type="checkbox"/> Yes <input type="checkbox"/> No | 32a. Do you export? <input type="checkbox"/> Yes <input type="checkbox"/> No 32b. Do you import? <input type="checkbox"/> Yes <input type="checkbox"/> No | 33. Is your business defense related? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---|---|--|--|

34. What is the nature of counseling you are seeking?

| | | | |
|--|--|---|---|
| <input type="checkbox"/> No Response | <input type="checkbox"/> Commercialization | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Regulatory Compliance |
| <input type="checkbox"/> Access to Capital – Debt | <input type="checkbox"/> Computer Systems | <input type="checkbox"/> International Trade | <input type="checkbox"/> Small Business Innovation Research |
| <input type="checkbox"/> Access to Capital – Equity | <input type="checkbox"/> Customer Relations | <input type="checkbox"/> International Trade Country Profiles | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Agribusiness | <input type="checkbox"/> Engineering R&D | <input type="checkbox"/> International Trade Market Research | <input type="checkbox"/> Tax Planning |
| <input type="checkbox"/> Accounting/Budget/Inventory Setup | <input type="checkbox"/> eVantage | <input type="checkbox"/> Inventory Control | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Business Planning | <input type="checkbox"/> Federal & State Tech. Program | <input type="checkbox"/> Legal Issues | <input type="checkbox"/> Women's Certification |
| <input type="checkbox"/> Business Start-Up | <input type="checkbox"/> Financial Analysis | <input type="checkbox"/> Management/Leadership | <input type="checkbox"/> Other |
| <input type="checkbox"/> Buy/Sell Business | <input type="checkbox"/> Franchising | <input type="checkbox"/> Market Diversification | |
| <input type="checkbox"/> Cash Flow Analysis & Management | <input type="checkbox"/> Government Contracting | <input type="checkbox"/> Marketing Planning | |
| <input type="checkbox"/> Community Dev. Block Grant | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Operations Analysis & Planning | |

Describe specific assistance requested in the space provided. _____

35. Baseline Economic Indicators

| Current Loans | Current Gross Sales | Current Export Sales | Current Government Contracts | Current Equity | Current Cost Avoidance | Current Employees |
|---------------|---------------------|----------------------|------------------------------|----------------|------------------------|-------------------|
| | | | | | | |



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Instructions for completing SBDC Form 641 Parts 1 and 2

Parts 1 and 2 of this form should be completed on the client's initial visit only.

Field 1a: Enter today's date.

Field 1b: Select the type of counseling session.

1. One Time - Any counseling session expected to require only that single session.
2. Initial - Any counseling session expected to require another session.

Field 2a: Enter your center code.

Field 2b: Enter your SBA District.

1. Columbus/Cincinnati
2. Cleveland

Field 3: Select the manner in which you provided counseling.

Part 1

Fields 4-11: Enter the information requested.

Fields 12-14: The client must accept this waiver with his/her signature.

Part 2

Field 15: Select the relationship the client currently has with the SBA.

Fields 16-21: Select the information requested.

Field 22: Select the client's current business status. If Pre-venture is selected, you may skip to Field 34.

1. Existing Declining: A company that is two years or older with even or decreasing sales.
2. Existing Healthy: A company that is two years or older with even or increasing sales.
3. Pre-Venture: A company that is in the planning process or has not made its first sale.
4. Start-Up: A company zero- to two-years-old that has made its first sale.

Fields 23-34: Enter or select the information requested.

Field 35: Enter the current economic indicator information. This will act as the baseline.

1. You must enter at least one employee for Start-Up and Existing businesses.
2. Enter zeroes only for Pre-venture businesses.