### Small Business Development Centers of Ohio

#### Counseling Information Form

Expiration Date: 09/30/2006

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36a. Date Counseled ______________________  
36b. History □ One Time □ Initial □ Follow-Up □ Close-Out

37. Case Manager’s Name ____________________________

38. Did counseling received result in starting a business? □ Yes □ No

39. Number of people attending this session (answer during initial counseling session only). ________

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### Part III: Counselor Record

<table>
<thead>
<tr>
<th>40. Counselor Name</th>
<th>41a. Communication Type</th>
<th>41b. Language Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Face to Face</td>
<td>□ Online</td>
<td>□ English</td>
</tr>
<tr>
<td>□ Telephone</td>
<td>□ Spanish</td>
<td>□ Other (Specify)</td>
</tr>
</tbody>
</table>

| 42. Client Name (please use the same name from original 641 Part 1) (Last, First, MI) |
| 43. Email |
| 44. Telephone Primary Secondary |
| 45. Fax |
| 46. Street Address /P.O. Box |
| 47. City |
| 48. State |
| 49. Zip +4 |

50. Business Status

- □ Existing Declining
- □ Existing Healthy
- □ Pre-venture (If Pre-venture selected, skip to 53)
- □ Start-up

51. Company Name

- □ Commercialization
- □ Customer Relations
- □ Engineering R&D
- □ eVantage
- □ Federal & State Tech. Program
- □ Financial Analysis
- □ Franchising
- □ Government Contracting
- □ Human Resources
- □ Information Technology
- □ International Trade Market Research
- □ Legal Issues
- □ Management/Leadership
- □ Market Diversification
- □ Marketing Planning
- □ Operations Analysis & Planning

52. Month & Year Business Started?

53a. What is the nature of counseling you provided the client?

- □ No Response
- □ Access to Capital – Debt
- □ Agribusiness
- □ Accounting/Budget/Inventory Setup
- □ Business Planning
- □ Business Start-Up
- □ Buy/Sell Business
- □ Cash Flow Analysis & Management
- □ Community Dev. Block Grant

Describe specific assistance requested in the space provided. ________________________________________________________________
_______________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________

53b. What assessment tools did you use during counseling?

- □ Enterprise
- □ Enterprise - Performance Benchmarking
- □ Enterprise - IQs
- □ Enterprise - QuickView
- □ Environmental

- □ Environmental – Energy
- □ Environmental – Waste Reduction
- □ Financial
- □ Financial – Bi-Far High Impact
- □ Financial - FISCAL

- □ Grants – SBIR Readiness
- □ Grants – STTR Readiness
- □ Human Resources
- □ Information Technology
- □ International Trade - Export Readiness

- □ Lean
- □ Marketing
- □ Quality – ISO/TS 16949
- □ Regulatory Compliance
- □ Small Business Innovation Research
- □ Strategic Planning
- □ Tax Planning
- □ Technology
- □ Women’s Certification
- □ Other

54a. Prep Hours

54b. Contact Hours

54c. Travel Hours
### 55a. Assessment:


### 55b. Action:


### 55c. Agreement:


### 56a. Updated Economic Indicators

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</tbody>
</table>

### 56b. SBA or Resource Partner Service Contributed to the Following:

<table>
<thead>
<tr>
<th>No. of Government Contract/ Subcontracts Received</th>
<th>No. of Certification Received (SDB, HUBZone, local, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
Instructions for completing SBDC Form 641 Part 3

Part 3 should be completed to report small business counseling of greater than 60 minutes for the client’s initial visit and any following visits regardless of time.

**Part 3**

Field 36a: Enter the date the client was counseled.

Field 36b: Select what type of counseling session this is.

1. One Time - Any counseling session expected to require only that single session.
2. Initial - Any counseling session expected to require another session.
3. Follow-Up - Any non-final counseling provided to a client who has already received either a One Time or Initial counseling session.
4. Close-Out – Final session and closing of the client’s records.

Field 37: Enter the case manager’s name. Case manager must be a CBA.

Fields 38-40: Select or enter information requested.

Field 41b: Select the language you counseled in.

Fields 42-49: Enter the information requested.

Field 50: 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 51-53a: Select or enter information requested.

Field 53b: Select any assessment tools you used to counsel the client.

Field 54: Enter your time in quarter hours (e.g. 15 minutes = .25).

Field 55a: Enter your assessment of the client for this session related to the counseling requested.

Field 55b: Enter the action you took in counseling the client (e.g. any recommendations).

Field 55c: Enter anything agreed to in the counseling session (e.g. “homework” for you or the client).

Field 56a: Enter the current economic indicator information. This is what the baseline will be subtracted from for Economic Impact.

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

Field 56b: Enter the current number of government contracts and certifications.