



U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 09/30/2014

Client Number:
Location Code:
Initials of Data Inputter:

1. Name of the Office Providing the Service _____ 1a. Type of Client: ☐ Face to Face ☐ Online ☐ Telephone
2. City/State of Office Location _____

PART I: Client Request for Counseling

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

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

14. Race (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. 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"/> Veteran <input type="checkbox"/> Service-Disabled Veteran		18a. Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty																										
19. Referred by? (Mark all that apply) <table border="0"><tr><td><input type="checkbox"/> SBA District</td><td><input type="checkbox"/> SBDC</td><td><input type="checkbox"/> Other Client</td><td><input type="checkbox"/> Magazine/Newspaper</td><td><input type="checkbox"/> Other (specify) _____</td></tr><tr><td><input type="checkbox"/> Lender</td><td><input type="checkbox"/> USFAC</td><td><input type="checkbox"/> Educational Institution</td><td><input type="checkbox"/> Word of Mouth</td><td></td></tr><tr><td><input type="checkbox"/> Business Owner</td><td><input type="checkbox"/> SCORE</td><td><input type="checkbox"/> Local Economic Development Official</td><td><input type="checkbox"/> Television/Radio</td><td></td></tr><tr><td><input type="checkbox"/> SBA Web site</td><td><input type="checkbox"/> WBC</td><td><input type="checkbox"/> Chamber of Commerce</td><td><input type="checkbox"/> Internet (please indicate website) _____</td><td></td></tr></table>					<input type="checkbox"/> SBA District	<input type="checkbox"/> SBDC	<input type="checkbox"/> Other Client	<input type="checkbox"/> Magazine/Newspaper	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Lender	<input type="checkbox"/> USFAC	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Word of Mouth		<input type="checkbox"/> Business Owner	<input type="checkbox"/> SCORE	<input type="checkbox"/> Local Economic Development Official	<input type="checkbox"/> Television/Radio		<input type="checkbox"/> SBA Web site	<input type="checkbox"/> WBC	<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Internet (please indicate website) _____					
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20a. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30) 20b. If yes, are you currently exporting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to 20b, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).																												
21. Name of Business																												
22. Type of Business (choose primary category) <table border="0"><tr><td><input type="checkbox"/> Mining</td><td><input type="checkbox"/> Manufacturing</td><td><input type="checkbox"/> Real Estate & Rental & Leasing</td><td><input type="checkbox"/> Professional, Scientific & Technical Services</td></tr><tr><td><input type="checkbox"/> Utilities</td><td><input type="checkbox"/> Finance & Insurance</td><td><input type="checkbox"/> Health Care & Social Assistance</td><td><input type="checkbox"/> Management of Companies & Enterprises</td></tr><tr><td><input type="checkbox"/> Information</td><td><input type="checkbox"/> Wholesale Trade</td><td><input type="checkbox"/> Accommodation & Food Services</td><td><input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting</td></tr><tr><td><input type="checkbox"/> Construction</td><td><input type="checkbox"/> Public Administration</td><td><input type="checkbox"/> Arts, Entertainment & Recreation</td><td><input type="checkbox"/> Administrative & Support</td></tr><tr><td><input type="checkbox"/> Retail Trade</td><td><input type="checkbox"/> Educational Services</td><td><input type="checkbox"/> Transportation & Warehousing</td><td><input type="checkbox"/> Waste Management & Remediation Services</td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/> Other Services (except Public Administration)</td></tr></table>					<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)
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23. Business Ownership – What percentage of your business is male or female owned? _____% Male _____% Female		24. Date Business Started? (MM/YYYY)	25. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	26a. Are you a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No 26b. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
27a. Total No. of Employees (full & PT) 27b. Of total employees, how many are engaged in the exporting aspect of your business: (Full & PT) _____	28a. For your most recent full business year, what were your: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____ 28b. Amount of your Gross Revenues/Sales related to exporting \$ _____		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) <table border="0"><tr><td><input type="checkbox"/> Start-up Assistance (How do I start a small business?)</td><td><input type="checkbox"/> Human Resources/Managing Employees</td><td><input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.)</td><td><input type="checkbox"/> Technology/Computers</td></tr><tr><td><input type="checkbox"/> Business Plan</td><td><input type="checkbox"/> Customer Relations</td><td><input type="checkbox"/> Government Contracting (including certifications)</td><td><input type="checkbox"/> eCommerce (using the Internet to do business)</td></tr><tr><td><input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital)</td><td><input type="checkbox"/> Business Accounting/Budget</td><td><input type="checkbox"/> Franchising</td><td><input type="checkbox"/> Legal Issues (such as, Should I incorporate?)</td></tr><tr><td><input type="checkbox"/> Managing a Business</td><td><input type="checkbox"/> Cash Flow Management</td><td><input type="checkbox"/> Buy/Sell Business</td><td><input type="checkbox"/> International Trade</td></tr><tr><td></td><td><input type="checkbox"/> Tax Planning</td><td></td><td></td></tr></table> Describe specific assistance requested in the space provided. _____ _____					<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 type="checkbox"/> International Trade		<input type="checkbox"/> Tax Planning						
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SBDC Client Rights and Responsibilities

As an SBDC client you have the right to expect:

1. **Consulting Assistance Provided at No Charge** – Because the SBDC program is supported by funding from the U.S. Small Business Administration, the Pennsylvania Department of Community Economic Development, the University of Pittsburgh and other funders, consulting is provided at no charge to you. Fees may apply for training programs, special services, materials, and publications. You will be notified of any fees in advance.
2. **Confidentiality of Information Provided** – All SBDC representatives agree to abide by the Pennsylvania SBDC's Standards of Professional Ethics and Conflict of Interest Policy. Information you provide will be held in strictest confidence and will not be released to any parties outside of the Pennsylvania SBDC network without your consent. No information you provide will be used to the commercial advantage of any SBDC representative or to the advantage of a third party.
Exceptions:
 - Information about the SBDC's service delivery is reported in aggregate to its funders and the general public. Specific information about you will not be released without your consent.
 - The SBDC will collect and report in aggregate to its funders and the general public information on you such as demographic statistics; size, location, age and industry of your business; the general nature of your engagement with the SBDC; and impact statistics such as financing obtained, sales increased or jobs created.
 - If you were referred to the SBDC, the SBDC will notify the referrer that you have sought assistance from the SBDC. The SBDC, however, will not disclose in detail the nature of the assistance you are requesting unless you provide consent to do so.
 - Information will be shared with the Pennsylvania Partnerships for Regional Economic Partnerships if you consent below.
3. **Unbiased Recommendations** - SBDC representatives will not knowingly recommend the purchase of goods or services from any individual or firm with which any SBDC representative has a financial, familial or personal interest.
4. **Non-Disclosure of Trade Secrets** – Sensitive trade secrets pertaining to unique facts of your business will not be used to benefit another client of the SBDC or any SBDC representative. You understand that sensitive trade secret information is information which is not obvious, which is unknown, or which is unique and pertains to new inventions, secret manufacturing and processing procedures or formulas, or any new innovative process. You understand that it is your responsibility to inform the SBDC of any such sensitive trade secrets both verbally and in writing.
5. **Assistance, Guidance, Recommendations and Education** – The SBDC program is an educational program. The SBDC will work with you on your specific issues to help build your management skills and knowledge. It is your responsibility to accept and implement recommendations. The SBDC **will not**:
 - negotiate on your behalf
 - write your business plan
 - act as an employee of your business

As an SBDC client you are responsible for:

1. **Participating in Surveys** – Because this program cares about the quality of services provided, and because it is primarily funded with public support, the SBDC undertakes a number of initiatives to ascertain the quality and impact of services provided to you. Your candid feedback is critical to the long-term success of this program. You will be asked to participate in an annual client questionnaire sent at/near the end of the calendar year. Your consultant will provide you with a copy of the client questionnaire upon request.
2. **Informing Legislators About the Service** – Consulting services are provided at no charge to you because of the financial support of the federal government and the Commonwealth of Pennsylvania. To ensure the SBDC program will be available to others, we may ask you to write to your legislators to let them know about your experience with the program.

3. **Accepting Responsibility and Waiving all Claims** – In recognition that you are ultimately responsible for the success or failure of your business and that all decisions pertaining to implementing plans and operating your business are solely your responsibility, you hereby waive any claims of damages against the University of Pittsburgh SBDC, the Pennsylvania SBDC program, any universities hosting a Pennsylvania SBDC program, the University of Pittsburgh, the US Small Business Administration, and the Pennsylvania Department of Community and Economic Development, or any other entity that provides funding to the Pennsylvania SBDC program, based on any advice or information provided by the SBDC.

Reporting of Data to Pennsylvania Partnerships for Regional Economic Performance

Per Federal law (15 USC 648(a)(7)), the Pennsylvania Small Business Development Centers maintain strict confidentiality of client data. The only condition under which a Small Business Development Center can share client information with other organizations is if the client provides explicit written permission to do so.

Because:

- the Pennsylvania Department of Community and Economic Development (DCED) provides significant funding to the SBDC program through the Partnerships for Regional Economic Performance (PREP), which enables consulting services to be provided to you at no-fee, is interested in knowing specific information on SBDC clients served; and
- there are economic development and growth programs outside of the SBDC from which you as a client may benefit;

therefore, you permit the release of your name, contact information, company name, business type/NAICS code, demographic information (minority, woman and/or veteran owned status), company start date, tenure of company owner, and type of assistance provided to the Pennsylvania DCED and member organizations in the PREP program. This information will be entered into the PREP database called Executive Pulse. By agreeing to allow the information outlined above to be entered into Executive Pulse you waive all rights to the Privacy Protection of SBDC data as noted in 15 USC 648(a)(7), and waive all claims against the SBA, the University of Pennsylvania and the University of Pittsburgh for any harm or damages resulting from sharing this information.

You have my permission to release my name, contact information, company name, business type/NAICS code, demographic information (minority, woman and/or veteran owned status), company start date, tenure of company owner, and type of assistance provided to the Pennsylvania DCED, member organizations in the PREP program and other authorized users of the Executive Pulse database:

____ YES ____ NO

Your response does not impact access to SBDC services.

I have read and understand the above stated terms and conditions.

Print Name

Signature

Date

ORIGINAL: Client File COPY: Provide to Client