



# U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324  
Expiration Date: 09/30/2006

Client Number:  
Location Code:  
Initials of Data Inputter:

1. Name of the Office Providing the Service SWOSU 2. City/State of Office Location Weatherford, OK

## PART I: Client Request for Counseling

<b>3. Client Name</b> (Name of the person completing the form/representative of the business) (Last, First, MI)			<b>4. Email</b>		
<b>5. Telephone</b> Please include Area Code <b>Work</b> <b>Home</b> <b>Cell</b>			<b>6. Fax</b>		
<b>7. Street Address/PO Box</b> (give business address if currently in business)			<b>8. City</b>	<b>9. State</b>	<b>10. Zip</b> <b>+4</b>
<b>11.</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.					
<b>12. Preferred date &amp; time for appointment</b> Date: Time:			<b>13. <u>Client Signature</u></b> <b>Date:</b>		

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

<b>14. 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>15. Ethnicity</b> <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin		<b>16. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>17. Do you consider yourself a person with a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to respond																									
<b>18. Veteran Status</b> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran				<b>18a. Military Status</b> <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty																											
<b>19. What inspired you to contact us?</b> (mark all that apply) <input type="checkbox"/> SBA <input type="checkbox"/> Other Client <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Bank <input type="checkbox"/> Magazine <input type="checkbox"/> Educational Institution <input type="checkbox"/> Business Owner <input type="checkbox"/> Internet <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> Television/Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth																															
<b>20. Are you currently in business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please skip to 30)				<b>Are you exploring or starting a new business?</b> <input type="checkbox"/> Yes, (if yes, please skip to 30)																											
<b>21. Name of Company</b>																															
<b>22. Type of Business</b> (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 &amp; Rental &amp; Leasing</td><td><input type="checkbox"/> Professional, Scientific &amp; Technical Services</td></tr><tr><td><input type="checkbox"/> Utilities</td><td><input type="checkbox"/> Finance &amp; Insurance</td><td><input type="checkbox"/> Health Care &amp; Social Assistance</td><td><input type="checkbox"/> Management of Companies &amp; Enterprises</td></tr><tr><td><input type="checkbox"/> Information</td><td><input type="checkbox"/> Wholesale Trade</td><td><input type="checkbox"/> Accommodation &amp; Food Services</td><td><input type="checkbox"/> Agriculture, Forestry, Fishing &amp; Hunting</td></tr><tr><td><input type="checkbox"/> Construction</td><td><input type="checkbox"/> Public Administration</td><td><input type="checkbox"/> Arts, Entertainment &amp; Recreation</td><td><input type="checkbox"/> Administrative &amp; Support</td></tr><tr><td><input type="checkbox"/> Retail Trade</td><td><input type="checkbox"/> Educational Services</td><td><input type="checkbox"/> Transportation &amp; Warehousing</td><td><input type="checkbox"/> Waste Management &amp; 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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<b>23. Business Ownership</b> – What percentage of your business is male or female ownership? _____% Male _____% Female				<b>24. Month &amp; Year Business Started?</b>		<b>25. Do you conduct business online?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																									
<b>26. Is this a home based business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																															
<b>27. Total No. of Employees</b> (full & part time) <b>Full Time</b> <b>Part Time</b>		<b>28. For your most recent full business year, what were your:</b> Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____		<b>29. What is the legal entity of your business?</b> <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) _____																											
<b>30. What is the nature of counseling you are seeking?</b> (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> <p>Describe specific assistance requested in the space provided.</p>								<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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