

America's SBDC Iowa
Client Request for Counseling Form



Contact Information

Salutation: Mr. Mrs. Ms.

First Name: _____ M.I. _____ Last Name: _____

E-Mail: _____

Work Phone: _____

Cell Phone Number: _____ Home Phone Number: _____

Personal Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____

Products/Services

Company Status: Pre-Venture/Nascent In Business

Date Company Established: _____

Full-Time Employees: _____ Part-Time Employees: _____ Export-Related Employees: _____

Owner Gender: Male Female Male/Female Owned Ownership Gender Certification Date: _____

Company Veteran Status: Non-Veteran Service- Disabled Veteran Veteran Chose Not To Respond

Veteran Status Verification Date: _____

Business Size: Disadvantaged Small Large Minority-Owned Small Other Small Undefined

Disadvantage Status: Certified SDB (Legacy) SBA 8(a) Certified Self-Certified Not Certified

Disadvantage Certification Date: _____

Business Type:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture/Value-Added | <input type="checkbox"/> Environmental/Green | <input type="checkbox"/> Public Administration | <input type="checkbox"/> Software |
| <input type="checkbox"/> Arts and Entertainment | <input type="checkbox"/> Health Care | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Construction Concern | <input type="checkbox"/> Hospitality/Restaurant | <input type="checkbox"/> Research and Development | <input type="checkbox"/> Transportation/Warehousing |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Manufacturer or Producer | <input type="checkbox"/> Retail Dealer | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Professional/Technical | <input type="checkbox"/> Service Establishment | <input type="checkbox"/> Wholesale Dealer |

Organization Type:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Charity Organization | <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Not Yet In Business | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sub S Corporation |

State of Incorporation: _____

International Trade: Exporter Importer Exporter/Importer None

Export Countries: _____

Gross Revenue: \$ _____ (Annual) Gross Revenue Date: _____

Gross Exported-Related Revenue: \$ _____

Profit/Losses: \$ _____ Profit/Losses Date: _____

Primary SIC: _____ Primary NAICS: _____

Product or Service Description: _____

Details

Position: _____

Business Owner: Yes No

Gender: Female Male Chose Not to Respond

Race: Alaskan Native Asian Black or African American Native American Native Hawaiian or Pacific Islander
 White/Caucasian Chose Not to Respond

Hispanic Origin: Hispanic Non-Hispanic Chose Not to Respond

Veteran Status: Veteran Non-Veteran Service-Disabled Veteran Chose Not to Respond

Military Reserve Status: National Guard National Guard-Active Duty None Reservist Reservist-Active Duty
 Chose Not to Respond

Contact Disabled/Handicapped: Yes No Chose Not to Respond

In order to measure whether the SBDC is meeting its mission to help improve small business in Iowa, we survey our clients occasionally each year. Survey information will ask about the progress of your business, satisfaction about the services provided, and what your needs are as a small business owner. Each survey is short and will take less than 5 minutes of your time. Your participation in these surveys is important and appreciated. By utilizing SBDC services, you agree to participate in these surveys. _____ (initial)

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 SB/SBDC 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 No). 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 a 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, D.C. 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.

Signature: _____ Date: _____

Client Signature

I permit America's SBDC Iowa the use of my contact information for America's SBDC Iowa information electronic mailings regarding products and resources. Yes No

Notify America's SBDC Iowa if you or your company are disbarred from contracting with the federal government.

This section for center use only

Center: _____ Client ID: _____

Primary Counselor: _____ Type of Meeting: Face-to-Face Online Phone

Contact: _____ Prep: _____ Travel: _____