



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 _____ 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 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 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"/> 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		15. Ethnicity <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin		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. What inspired you to contact us? (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							
20. Is the client currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30)				21. Name of Company _____			
22. Type of Business (choose primary category) <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)							
23. Business Ownership - What percentage of your business is male or female ownership? _____ % Male _____ % Female			24. Month & Year Business Started? _____		25. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Is this a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No
27. Total No. of Employees (full & part time) _____		28. For your most recent full business year, what were your: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____			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) <input type="checkbox"/> Start-up Assistance (How do I start a small business?) <input type="checkbox"/> Business Plan <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Customer Relations <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Tax Planning <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> Franchising <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> Technology/Computers <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> International Trade							
Describe specific assistance requested in the space provided. _____ _____ _____							

Statement of Understanding

The **Kansas Small Business Development Center (KSBDC)** is pleased to have you as a client. The KSBDC is a business development service for the State of Kansas. The KSBDC provides counseling, management education, and technical assistance to Kansas businesses and would-be entrepreneurs. The KSBDC counseling approach is one of guidance and education, not of doing the work for the client. The quality of our assistance depends, in many ways, on you and the information you provide. In addition to your rights as a KSBDC client, you also have responsibilities that will help us provide you the best possible assistance.

The counseling services, which are provided to you, are part of the effort of the constituent institutions of KSBDC to respond to the growing needs of the business community. They are not intended to compete with, replace, or be a substitute for services, which are available from the private sector. Clients whose needs can be fully and affordably met by private-sector practitioners or firms will be encouraged to use those resources. It is necessary that everyone requesting assistance have a strong personal commitment to finding and implementing solutions to the issues and challenges facing the start-up or existing business.

KSBDC's goal is to have an open professional relationship between the counselor and the client.

As a new client of the KSBDC, we want to advise you of certain rights and responsibilities that you have as one of our clients.

Your Rights

- Expect all communications and information be kept confidential.
- Expect courteous and professional service.
- Be informed if the KSBDC is unable to provide services within the time frame required.
- Receive one-to-one counseling free of charge.
- Express your opinion as to the quality of assistance you received and receive a response that addresses your concern(s).

Your Responsibilities

- Talk openly with your counselor and provide all information necessary to enable the counselor to properly assist you.
- Be honest and direct about everything related to you as an entrepreneur and your potential or existing business.
- Notify your counselor if you do not understand the proposed plan of action and ask questions about anything that is unclear.
- Cooperate with your counselor and consider the recommendations your counselor may make to help you improve your business.
- Advise us of any concern or dissatisfaction you may have with the assistance being provided.

Clarification Of Our Role

The Kansas Small Business Development Center is **NOT** a lending agency. Based on your input, we assist you run, analyze and critique cash flow projections for accessing capital. This type of assistance **DOES NOT** imply an endorsement of your proposal by the KSBDC, nor does it indicate intent to approve your loan request by any lending institution or guaranty institution, public or private. We will provide advice on techniques and sources of information needed for a financial proposal. However, it is your responsibility to collect the needed information.

A business plan is an essential tool for every business. KSBDC counselors **DO NOT** write business plans; counselors will review and make recommendations to your business plan.

Confidential Information

We acknowledge that clients may, from time to time, divulge confidential and proprietary information during the course of the counseling relationship. Unless otherwise expressly authorized by the client by filling out and signing KSBDC Authorization to Release Information, we will not disclose to any person or entity the identity of any client to whom we have rendered services, or any confidential or proprietary information obtained from the client and identified as such by the client. Please note the KSBDC program is a partnership program and collaboration is necessary between funding partners. The U.S. Small Business Administration (SBA) and the Kansas Department of Commerce (KDOC) and Kansas Colleges and Universities provide funds for the KSBDC program. Limited information with respect to your client status (name, address, nature/scope of service, and amount of service) may be provided to those public agencies which fund the KSBDC or are responsible for auditing the financial and program performance of the KSBDC.

Additional Client Requirements

Since a portion of the KSBDC program funding is provided by the U.S. Small Business Administration, we are required to obtain a signed copy of the attached Request for Counseling, SBA Form 641, from all Kansas Small Business Development Center clients **before providing assistance.**

Acknowledgement

I have read and understand the Kansas Small Business Development Center Statement of Understanding.

Signature and Title

Date