



Alabama SBDC Network 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 UNA-SBDC 1a. Type of Client: Face to Face Online Telephone
2. City/State of Office Location Florence, AL

What is your NAICS code?

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business) 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 Alabama SBDC Network, 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 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. I self-certify that neither I nor my company have been suspended or debarred by a Federal Agency. 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 3rd Street, SW, Washington, DC 20416. PLEASE DO NOT SEND FORMS TO OMB.

12. Preferred date & time for appointment Date: Time: 13. Client Signature PLEASE SIGN HERE Date:

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

14. Race (mark one or more) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
15. Ethnicity Hispanic or Latino Not Hispanic or Latino
16. Gender Male Female
17. Do you consider yourself a person with a disability? Yes No

18. Veteran Status Non-Veteran Veteran Service-Disabled Veteran
18a. Military Status Member of Reserve or National Guard On Active Duty

19. Referred by? (Mark all that apply) SBA District SBDC Other Client Magazine/Newspaper Other (specify)
Lender USFAC Educational Institution Word of Mouth
Business Owner SCORE Local Economic Development Official Television/Radio
SBA Web site WBC Chamber of Commerce Internet (please indicate website)

20a. Are you currently in business? Yes No (if no, skip to 30) 20b. If yes, are you currently exporting?
If yes to 20b, please let your counselor know which countries, and ask to talk with an international trade specialist.

21. Name of Business

22. Type of Business (choose primary category) Mining Manufacturing Real Estate & Rental & Leasing Professional, Scientific & Technical Services
Utilities Finance & Insurance Health Care & Social Assistance Management of Companies & Enterprises
Information Wholesale Trade Accommodation & Food Services Agriculture, Forestry, Fishing & Hunting
Construction Public Administration Arts, Entertainment & Recreation Administrative & Support
Retail Trade Educational Services Transportation & Warehousing Waste Management & Remediation Services
Other Services (except Public Administration)

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? Yes No
26a. Are you a home based business? Yes No
26b. Are you 8(a) certified? Yes 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? Sole Proprietorship Corporation LLC S-Corporation Partnership Other (specify)

30. What is the nature of counseling you are seeking? (Choose primary category) Start-up Assistance (How do I start a small business?) Business Plan Financing/Capital (such as applying for a loan, building equity capital) Managing a Business Human Resources/Managing Employees Customer Relations Business Accounting/Budget Cash Flow Management Tax Planning Marketing/Sales (promotion, market research, pricing, etc.) Government Contracting (including certifications) Franchising Buy/Sell Business Technology/Computers eCommerce (using the Internet to do business) Legal Issues (such as, Should I incorporate?) International Trade
Describe specific assistance requested in the space provided.