Alabama SBDC Network
Counseling Information Form

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

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  Fax
   6. Fax

7. Street Address/PO Box (give business address if currently in business)  8. City

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 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
   ☐ Lender  ☐ USFAC  ☐ Educational Institution
   ☐ Business Owner  ☐ SCORE  ☐ Local Economic Development Official
   ☐ SBA Web site  ☐ WBC  ☐ Chamber of Commerce
   ☐ Magazine/Newspaper  ☐ Other (specify): ____________________________
   ☐ Word of Mouth  ☐ Television/Radio
   ☐ 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
   ☐ Utilities  ☐ Finance & Insurance  ☐ Health Care & Social Assistance
   ☐ Information  ☐ Wholesale Trade  ☐ Accommodation & Food Services
   ☐ Construction  ☐ Public Administration  ☐ Administrative & Support
   ☐ Retail Trade  ☐ Educational Services  ☐ Arts, Entertainment & Recreation
   ☐ Transportation & Warehousing  ☐ Professional, Scientific & Technical Services
   ☐ Management of Companies & Enterprises  ☐ Agriculture, Forestry, Fishing & Hunting
   ☐ Administrative Support  ☐ 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)

28. 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: ____________________________