



Request for Consulting

*Denotes Required Fields

Client Name * <i>(Last, First)</i>			E-mail *		
Mailing address*			Business Phone *		Cell Phone *
City*	State*	Zip*	Website www . _____ . _____		

Race * (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Hispanic Ethnicity * <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consider yourself a person with a disability? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran * <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-Connected Disabled Veteran	Military Status * <input type="checkbox"/> Non-Military <input type="checkbox"/> On Active Duty <input type="checkbox"/> Reserve/ National Guard	Are you currently in business? * <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please skip the next section)</i>
	Sex * <input type="checkbox"/> Female <input type="checkbox"/> Male				

Business Name	Position/Title
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Month & Year Business Started*	Legal Entity of your Business * <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> Other/Undecided	For your most recent full business year: * Gross Revenue/Sales \$ _____ +Profits / -Losses \$ _____
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Do you conduct business online? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a home-based business? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your company 8(a) certified? * <input type="checkbox"/> Yes <input type="checkbox"/> No	What percentage of your business is female-owned? * _____%	Number of Employees: * Full-Time: _____ Part-Time: _____	Are you currently exporting? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Export-Related Employees: * _____
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Countries you export to: _____ **Annual Export Sales:** _____

Type of Business (choose best category)

<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Professional, Scientific & Technical Services	<input type="checkbox"/> Utilities
<input type="checkbox"/> Administrative & Support	<input type="checkbox"/> Health Care & Social Assistance	<input type="checkbox"/> Public Administration	<input type="checkbox"/> Waste Mgmt & Remediation Services
<input type="checkbox"/> Arts, Entertainment, & Rec	<input type="checkbox"/> Information	<input type="checkbox"/> Real Estate, Rental & Leasing	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Ag, Forestry, Fishing & Hunting	<input type="checkbox"/> Mgmt of Companies & Enterprises	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Other _____
<input type="checkbox"/> Construction	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation & Warehousing	
<input type="checkbox"/> Educational Services	<input type="checkbox"/> Mining		

Describe assistance requested (if known):

Who/What prompted you to contact us? (mark best choice):

Lender Chamber of Commerce Internet Magazine/Newspaper SBA office Television/Radio
 Business Owner Educational Institution Economic Dev. Office Other Client SBA website Word of Mouth/Other _____

I request business counseling from the Small Business Administration (SBA) Resource Partner, the Small Business Development Center (SBDC). I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA or SBDC services.

I permit SBA or its agent (SBDC) the use of my name and address for SBA surveys and information regarding SBA products and services (Yes No)

I understand that any information disclosed will be held in strict confidence (SBA or SBDC will not provide your personal information to commercial entities). I authorize SBA/SBDC 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, are currently in suspension or debarment by a Federal agency.

Client Signature * _____ **Date: *** _____