U.S. Small Business Administration
Counseling Information Form

1. Name of the Office Providing the Service

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

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 □ 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 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 3rd 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

13. Client Signature

14. Race (mark one or more)

□ Asian □ Black or African American
□ Native American or Alaska Native □ Native Hawaiian or Other Pacific Islander
□ White

15. Ethnicity

□ Hispanic Origin □ Not of Hispanic Origin

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

□ On Active Duty □ Member of Reserve or National Guard

19. What inspired you to contact us? (mark all that apply)

□ SBA □ Other Client □ Chamber of Commerce □ Other (specify)
□ Bank □ Magazine □ Educational Institution
□ Business Owner □ Internet □ Local Economic Development Official
□ Television/Radio □ Newspaper □ Word of Mouth

20. Is the client currently in business?

□ Yes □ No (if no, skip to 30)

21. Name of Company

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
□ Construction □ Wholesale Trade □ Accommodation & Food Services □ Agriculture, Forestry, Fishing & Hunting
□ Information □ Public Administration □ Arts, Entertainment & Recreation □ Administrative & Support
□ Retail Trade □ Educational Services □ Transportation & Warehousing □ Waste Management & Remediation Services
□ Transportation □ 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?

□ Yes □ No

26. Is this a home based business?

□ Yes □ 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?

□ 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?) □ Marketing/Sales (promotion, market research, pricing, etc.)
□ Business Plan □ Government Contracting (including certifications)
□ Financing/Capital (such as applying for a loan, building equity capital) □ Franchising
□ Managing a Business □ Buy/Sell Business □ Technology/Computers
□ Entrepreneurship (how to be a business owner) □ eCommerce (using the Internet to do business)
□ Intellectual Property □ Legal Issues (such as, Should I incorporate?)
□ Human Resources/ □ Business Accounting/ Budget
□ Managing Employees □ Customer Relations
□ Business Relations □ Business Accounting/ Budget
□ Tax Planning □ Cash Flow Management

Describe specific assistance requested in the space provided.

SBA Form 641 (5/04) Previous Editions are Obsolete
### U.S. Small Business Administration  
**Counseling Information Form**

<table>
<thead>
<tr>
<th>Client Number:</th>
<th>Location Code:</th>
<th>Initials of Data Inputer:</th>
</tr>
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</table>

**Part III: Counselor Record**

<table>
<thead>
<tr>
<th>31. Client Name</th>
<th>32. Email</th>
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<tbody>
<tr>
<td>(Last, First, MI)</td>
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</table>

<table>
<thead>
<tr>
<th>33. Telephone</th>
<th>34. Fax</th>
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</thead>
<tbody>
<tr>
<td>Primary</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address/P.O. Box**

<table>
<thead>
<tr>
<th>35. Primary</th>
<th>36. Secondary</th>
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|----------|----------|--------|

<table>
<thead>
<tr>
<th>40. Is the client currently in business?</th>
<th>41. Total No. of Employees (full &amp; PT)</th>
</tr>
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<tbody>
<tr>
<td>□ Yes</td>
<td>□ No (skip to 44)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>42. Month &amp; Year Business Started?</th>
</tr>
</thead>
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<tr>
<th>43. SBA or Resource Partner Service Contributed to the Following:</th>
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</table>

<table>
<thead>
<tr>
<th>$ Total Amount of SBA Loans</th>
<th>$ Dollar Value of Government Contracts/Subcontracts Received</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No. of Government Contracts or Subcontracts Received</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>$ Total Amount of Non-SBA Loans</th>
<th>No. of Certifications (i.e. SDB, HUBZone, 8(a), local certifications, etc.) Received</th>
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</table>

<table>
<thead>
<tr>
<th>Amount of Equity Capital Received</th>
<th>Did counseling received result in starting a business?</th>
</tr>
</thead>
</table>

44. What was the nature of the counseling you provided the client? (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
- □ Marketing/Sales (promotion, market research, pricing, etc.)
- □ Technology/Computers
- □ Customer Relations
- □ Government Contracting (including certifications)
- □ Franchising
- □ Legal Issues (such as, Should I incorporate?)
- □ Business Accounting/Budget
- □ Tax Planning
- □ Buy/Sell Business
- □ International Trade
- □ Cash Flow Management
- □ eCommerce (using the Internet to do business)
- □ Government Contracting
- □ Franchising
- □ Legal Issues (such as, Should I incorporate?)
- □ Cash Flow Management
- □ eCommerce (using the Internet to do business)
- □ Government Contracting
- □ Franchising
- □ Legal Issues (such as, Should I incorporate?)

45. Type of Counseling

- □ Face to Face
- □ Online
- □ Telephone

46. Language(s) Used

- □ English
- □ Spanish
- □ Other (Specify)

47. History

- □ New Case
- □ Follow-up
- □ Case Close-out
- □ One Time

48. Date Counseled

49. Counselor(s) Name

50a. Contact Hours | 50b. Prep Hours | 50c. Travel Hours

51. (Answer this question during the initial counseling session only) – Did more than one person attend the counseling session? Yes__No__. If yes, how many people attended the session other than the person completing the form?

52. Counselor's Notes: