

Small Business Development Center At Stockton University

3430 Atlantic Avenue

Atlantic City, NJ 08401

Phone (609) 626-3889 – Fax (609) 441-3111

OMB Approval No.:3245-0324
Expiration Date: 10/31/2020



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 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.
Use of Information: The information in this form is to be provided by individuals and business seeking technical assistance services from the Small Business Administration (SBA) or an SBA Resource Partner. The information is collected to help SBA's continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. The form should be submitted at the site of service to the counselor providing the service. Resource Partners will submit information to SBA according to the terms of their notice of award.

12. Preferred date & time for appointment Date: _____ Time: _____	13. Client Signature _____	Date: _____
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PART II: Client Intake (to be completed by all Clients)

14. Race (mark one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	15. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	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
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18. Veteran Status <input type="checkbox"/> No military, Reserve, or National Guard service <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Member of the Reserve <input type="checkbox"/> Active Duty <input type="checkbox"/> Member of the National Guard <input type="checkbox"/> Spouse of Military Member

19. Referred by? (Mark all that apply)			
<input type="checkbox"/> SBA District	<input type="checkbox"/> SBDC	<input type="checkbox"/> Other Client	<input type="checkbox"/> Magazine/Newspaper
<input type="checkbox"/> Lender	<input type="checkbox"/> SCORE	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Business Owner	<input type="checkbox"/> WBC	<input type="checkbox"/> Local Economic Development Official	<input type="checkbox"/> Television/Radio
<input type="checkbox"/> SBA Web site	<input type="checkbox"/> VBOC	<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Internet (please indicate website) _____
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> USEAC	<input type="checkbox"/> Boots to Business	

20a. Are you currently in business? Yes No (if no, skip to 30) 20b. If yes, are you currently exporting? Yes No

If yes to 20b, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).

21. Name of Business _____

22. Type of Business (choose primary category)		Professional, Scientific & Technical Services	
<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Real Estate & Rental & Leasing	<input type="checkbox"/> Management of Companies & Enterprises
<input type="checkbox"/> Utilities	<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Health Care & Social Assistance	<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting
<input type="checkbox"/> Information	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Administrative & Support
<input type="checkbox"/> Construction	<input type="checkbox"/> Public Administration	<input type="checkbox"/> Arts, Entertainment & Recreation	<input type="checkbox"/> Waste Management & Remediation Services
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Transportation & Warehousing	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	26a. Are you a home based business <input type="checkbox"/> Yes <input type="checkbox"/> No	26b. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
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27a. Total No. of Employees (full & PT) _____	28a. For your most recent full business year, what were you: 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) _____
27b. Of total employees, how many are engaged in the exporting aspect of your business: (Full & PT) _____	28b. Amount of your Gross Revenues/Sales related to exporting \$ _____	

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"/> Human Resources/ Managing Employees	<input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.)
<input type="checkbox"/> Business Plan	<input type="checkbox"/> Customer Relations	<input type="checkbox"/> Government Contracting (including certifications)
<input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital)	<input type="checkbox"/> Business Accounting/ Budget	<input type="checkbox"/> Franchising
<input type="checkbox"/> Managing a Business	<input type="checkbox"/> Cash Flow Management	<input type="checkbox"/> Buy/Sell Business
	<input type="checkbox"/> Tax Planning	<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. _____