



# Florida SBDC Network Request for Counseling

Client #: \_\_\_\_\_

### Customer Contact Information

<b>Client Name</b> (Name of the person completing this form/representative of the business) (First Last)		<b>Email</b>	
<b>Position/Title</b> (if already in business)		<b>Business Telephone</b>	<b>Home Telephone</b>
<b>Business Name</b> (if already in business)		<b>Fax</b>	<b>Other Phone</b>
<b>Street Address/PO Box</b> (give business address if currently in business)		<b>Web Site</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Business Description</b>

### CUSTOMER INFORMATION

<b>Race</b> (mark one or more)  <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	<b>Ethnicity</b> <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Veteran Status</b> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran
	<b>Do you consider yourself a person with a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Military Status</b> <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty

### OWNER INFORMATION

<b>Are you currently in business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to next section)	<b>Business Start Date</b> Est. _____ (Mo/Day/Year)	<b>What is the legal entity of your business?</b> <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"/> Undecided / Other (specify) _____																									
<b>Type of Business</b> (choose one) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Mining</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Real Estate &amp; Rental &amp; Leasing</td> <td><input type="checkbox"/> Professional, Scientific &amp; Technical Services</td> <td><input type="checkbox"/> Other Services</td> </tr> <tr> <td><input type="checkbox"/> Utilities</td> <td><input type="checkbox"/> Finance &amp; Insurance</td> <td><input type="checkbox"/> Health Care &amp; Social Assistance</td> <td><input type="checkbox"/> Management of Companies &amp; Enterprises</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Information</td> <td><input type="checkbox"/> Wholesale Trade</td> <td><input type="checkbox"/> Accommodation &amp; Food Services</td> <td><input type="checkbox"/> Agriculture, Forestry, Fishing &amp; Hunting</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Public Administration</td> <td><input type="checkbox"/> Arts, Entertainment &amp; Recreation</td> <td><input type="checkbox"/> Administrative &amp; Support</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Retail Trade</td> <td><input type="checkbox"/> Educational Services</td> <td><input type="checkbox"/> Transportation &amp; Warehousing</td> <td><input type="checkbox"/> Waste Management &amp; Remediation Services</td> <td></td> </tr> </table>			<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Real Estate & Rental & Leasing	<input type="checkbox"/> Professional, Scientific & Technical Services	<input type="checkbox"/> Other Services	<input type="checkbox"/> Utilities	<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Health Care & Social Assistance	<input type="checkbox"/> Management of Companies & Enterprises		<input type="checkbox"/> Information	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting		<input type="checkbox"/> Construction	<input type="checkbox"/> Public Administration	<input type="checkbox"/> Arts, Entertainment & Recreation	<input type="checkbox"/> Administrative & Support		<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Transportation & Warehousing	<input type="checkbox"/> Waste Management & Remediation Services	
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<b>What percentage of your business is female owned?</b> _____%	<b>Number of Employees</b> Full Time: _____ Part Time: _____	<b>Business Characteristics (Check All That Apply)</b> <input type="checkbox"/> SBA Borrower <input type="checkbox"/> MBE Certified <input type="checkbox"/> SBA Applicant <input type="checkbox"/> Certified HUBZone <input type="checkbox"/> Surety Bonded <input type="checkbox"/> Not Small Business <input type="checkbox"/> 8(a) Certified <input type="checkbox"/> Federal SDB Owned <input type="checkbox"/> COC Holder <input type="checkbox"/> Service Connected <input type="checkbox"/> Import/Export <input type="checkbox"/> Disabled Vet. Owned																									
<b>Do you conduct business online?</b> <input type="checkbox"/> Yes  <b>Is this a home based business?</b> <input type="checkbox"/> Yes	<b>For your most recent full business year:</b> Gross Revenues / Sales    \$ _____ +Profits / -Losses    \$ _____																										

**Describe specific assistance requested:**

**How did you hear about us?**

### AGREEMENT

I request business counseling service from the Florida SBDC Network (FSBDC), a U.S. Small Business Administration Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate FSBDC services.

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

I understand that any information disclosed will be held in strict confidence. FSBDC will not provide your personal information to commercial entities. I authorize FSBDC to furnish relevant information to the assigned management counselor(s) and I agree that my counselor(s) may have communications on my behalf with bankers, accountants and other professional service providers. 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, FSBDC, and that of its Resource Partners and host organizations, arising from this assistance.

<b>Client Signature</b>	<b>Date:</b>
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# Florida SBDC Network Counseling Information Form

Client #: \_\_\_\_\_

### Counseling Record (SF641 Part 3)

<b>Session Type (History)</b> <input type="checkbox"/> Initial (New Case) <input type="checkbox"/> Follow-up <input type="checkbox"/> Close Case <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Information <input type="checkbox"/> Story				<b>Date of Counseling</b>	
<b>Area of Counseling (check one area from below)</b>					
<input type="checkbox"/> 100 Business Start-up		<input type="checkbox"/> 500 Accounting & Records		<input type="checkbox"/> 900 Human Resources/Personnel	
<input type="checkbox"/> 200 Sources of Capital		<input type="checkbox"/> 600 Financial Analysis		<input type="checkbox"/> 1000 Computer Systems	
<input type="checkbox"/> 300 Marketing & Sales		<input type="checkbox"/> 700 Inventory Control		<input type="checkbox"/> 1100 International Trade	
<input type="checkbox"/> 400 Government Contracting		<input type="checkbox"/> 800 Engineering / R&D		<input type="checkbox"/> 1200 Buy/Sell/Liquidate Business	
<input type="checkbox"/> 1300 Technology		<input type="checkbox"/> 1400 Energy			
<input type="checkbox"/> Other: _____					
<b>Contact Hours</b>		<b>Prep Hours</b>		<b>Travel Hours</b>	
<b>Miles</b>		<b>Counselor/User Name</b>			
<b>Program</b> <input type="checkbox"/> SBDC <input type="checkbox"/> PTAC <input type="checkbox"/> DETA <input type="checkbox"/> VBOC Other: _____				<b>Sub-Program</b> <input type="checkbox"/> Disaster <input type="checkbox"/> Charter School <input type="checkbox"/> EPA <input type="checkbox"/> DOL Other: _____	
<b>Type of Contact</b> <input type="checkbox"/> Face to Face <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Client Site <input type="checkbox"/> Web-Meeting <input type="checkbox"/> Research/Review				<b>Language Used</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Specify) _____	
<b>How many people attended the counseling session?</b>				<b>Site:</b>	
<b>Referred From:</b>				<b>Referred To:</b>	
<b>Is the client currently in business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to next line)		<b>Current # of Employees</b> Full Time: _____ Part Time: _____		<b>As of the most recent counseling date and for the most recent business year, what are the client's annual:</b> Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____	

**Counselor's Notes:**

**Impact: Service Contributed to the Following:**

Jobs Created:	<b>Loans</b>	<b>Amount</b>	<b>Type</b>	<b>Contracts</b>	<b>Count</b>	<b>\$ Amount</b>
Jobs Retained:	Application	\$		Commercial		\$
<input type="checkbox"/> Started New Business	Loan Obtained	\$		DoD Prime		\$
If Yes, Start Date: _____	<input type="checkbox"/> SBA Loan			DoD Sub		\$
<input type="checkbox"/> Started Exporting	<input type="checkbox"/> Loan approved & not obtained			Federal Prime		\$
<input type="checkbox"/> 8(a) Certified	<b>Financial</b>	<b>Amount</b>	<b>Type</b>	Federal Sub		\$
<input type="checkbox"/> MBE Certified	Owner Invest.	\$		State Prime		\$
<input type="checkbox"/> Potential Success Story	Other Capital	\$		State Sub		\$
<input type="checkbox"/> Success Story on File	Sales Growth	\$		Local Prime		\$
<input type="checkbox"/> SBDC Supporter	<b>Other</b>		<b>Amount</b>	Local Sub		\$
<input type="checkbox"/> Export Related Impact	Miscellaneous		<b>Type</b>	Total Contracts		\$

**Impact Types**

<b>Application Type</b>	Commercial Bank; Private Investor; Surety Bond; Venture Capital; SBIC; CDC; Grant; Other: _____
<b>Loan Obtained Type</b>	Commercial Bank; Private Investor; SBIC; CDC; Business Loan Center; Other: _____
<b>SBA Loan Type</b>	7(a); 504 Loan; Micro; Pre-Qual; Disaster; Low-Doc; EIDL; MREIDL; EWCP; Export Express; Int'l Trade; DELTA; CAIP; Community Express
<b>Owner Investment Type</b>	Equity Cash; Credit Cards; Personal Assets
<b>Other Capital Type</b>	Surety Bond; Venture Capital; Grant; Stock Issue; SBIR Phase I; SBIR Phase II; SBIR Phase III; Other: _____
<b>Sales Growth Type</b>	General Sales Growth; Expansion; New Business; New Location; New Product; Export; Franchisor; Business Turnaround
<b>Miscellaneous Type</b>	Equipment Purchases; Other Miscellaneous:

Client Signature (PTAC only): \_\_\_\_\_ Date: \_\_\_\_\_