



U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 09/30/2006

Client Number:
Location Code:
Initials of Data Inputter:

1. Name of the Office Providing the Service: **Dixie Business Alliance**
2. City/State of Office Location: **St. George, UT**

1a. Type of Client: Face to Face Online Telephone

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. <i>Please note:</i> 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 3 rd 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 Date: _____ Time: _____		13. Client Signature		Date:

PART II: Client Intake (to be completed by all Clients)

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 Member of Reserve or National Guard On Active Duty		

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?** 21. **Name of Company**

Yes No (if no, skip to 30)

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
Information	Wholesale Trade	Accommodation & Food Services	Agriculture, Forestry, Fishing & Hunting
Construction	Public Administration	Arts, Entertainment & Recreation	Administrative & Support
Retail Trade	Educational Services	Transportation & Warehousing	Waste Management & Remediation Services
			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?** 26. **Is this a home based business?**

Yes No Yes No 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?)	Human Resources/ Managing Employees	Marketing/Sales (promotion, market research, pricing, etc.)	Technology/Computers eCommerce (using the Internet to do business)
Business Plan	Customer Relations	Government Contracting (including certifications)	Legal Issues (such as, Should I incorporate?)
Financing/Capital (such as applying for a loan, building equity capital)	Business Accounting/ Budget	Franchising	International Trade
Managing a Business	Cash Flow Management	Buy/Sell Business	
	Tax Planning		

Describe specific assistance requested in the space provided. _____

