



Case Number: _____

U.S. Small Business Administration Request for Counseling

1. Your Name (First, Middle, Last)		2. Telephone Number(s) Home _____ Business _____ Fax _____		
3. Email address				
4. Street Address	5. City	6. County	7. State	8. Zip
9. Race (mark one or more) a. Native American or Alaskan Native <input type="checkbox"/> b. Asian <input type="checkbox"/> c. Black or African American <input type="checkbox"/> d. Native Hawaiian or other Pacific Islander <input type="checkbox"/> e. White <input type="checkbox"/>	10. Ethnicity a. Hispanic Origin <input type="checkbox"/> b. Not of Hispanic Origin <input type="checkbox"/> <hr/> 11. Business Owner Gender a. Male <input type="checkbox"/> b. Female <input type="checkbox"/> c. Male/Female <input type="checkbox"/>	12. Do you consider yourself a person with a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		13. Veteran Status a. Veteran <input type="checkbox"/> b. Service Connected Disabled Veteran <input type="checkbox"/> c. Disabled Veteran <input type="checkbox"/> d. Non-veteran <input type="checkbox"/>
14. How did you hear of us? a. Word of Mouth <input type="checkbox"/> d. Chamber of Commerce <input type="checkbox"/> g. Television <input type="checkbox"/> j. SBA <input type="checkbox"/> b. Bank <input type="checkbox"/> e. Internet <input type="checkbox"/> h. Magazine <input type="checkbox"/> c. Newspapers <input type="checkbox"/> f. Radio <input type="checkbox"/> i. Other _____				
15. Describe the nature of the counseling you are seeking.				
16. Currently in Business? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, skip to line 20)			Is this a Home-based Business? Yes <input type="checkbox"/> No <input type="checkbox"/>	
17. Type of Business				
18. Name of Company:			19. How long in business?	
20. Indicate preferred date & time for appointment: Date: _____ Time: _____				
<p>I request business management counseling service from a Small Business Administration Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA assistance services. I authorize SBA to furnish relevant information to the assigned management counselor(s). I understand that any information disclosed to be held in strict confidence by him/her.</p> <p>I further understand that any counselor has agreed 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, SCORE and its host organizations, and other SBA Resource Counselors arising from this assistance.</p> <p>Please note: The estimated burden for completing this form is 15 minutes per response. 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, Chief, AIB 409 3rd St., S.W., Washington, D.C 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-0091) PLEASE DO NOT SEND FORMS TO OMB.</p>				
Signature:			Date:	

