

Client Information Form

1. Name of the Office:

1a. Type of Client:

2. City/State of Office

PART I: Client Request for Counseling

3. Contact Name (Last, First, MI)	4. Email Address	
5. Telephone	6. Fax	
7-10. Address, City State ZIP		
<p>11. INFORMATION NOTICE OMB Approval No.:3245-0324</p> <p>I request business counseling service from the Northern California Small Business Development Center (SBDC) Network, an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBDC services. I understand that any information disclosed will be held in strict confidence. (The SBDC will not provide your personal information to commercial entities.) I authorize the SBDC to furnish relevant information to the assigned Business Advisor(s). I further understand that the advisor(s) agree not to:</p> <p>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.</p> <p>In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners, host organizations, and SBDC Advisors arising from this assistance.</p> <p>By accepting these terms you agree, if selected, to participate in surveys designed to evaluate the services and impact of the Northern California SBDC Network. Any information disclosed in such surveys will be held in strict confidence.</p> <p>Please note: The estimated burden for completing this form is 18 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.</p>		
12. Preferred date/time for appointment Date: _____ Time: _____	13. Client Signature (please type your name)	13a. Client Start

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

14. Race	15. Ethnicity	16. Gender	17. Disabled?	
18. Veteran Status	18a. Military Reserve Status			
19. Referred by?				
20a. Are you currently in business?	21. Name of Business			
20b. If yes, are you currently exporting?				
22. Type of Business				
23. Business Ownership Gender	24 Date Business Started	25. Business online?	26a Home	26b. 8(a)

27a. Total FT/PT Employees	28a. For most recent full year: Gross revenues/sales: +Profit/-Losses:	29. Organization Type
27b. # Engaged in Exporting	28b. Amount of sales related to exports:	

30. What is the nature of the counseling you are seeking?

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|---|--------------------------------------|----------------------|
| Business Accounting/Budget | eCommerce | Managing a Business |
| Business Plan | Engineering R&D | Marketing/Sales |
| Buy/Sell Business | Exporting | Risk Management |
| Cash Flow Management | Financing/Capital | Social Media |
| Choose not to respond | Franchising | Start-up Assistance |
| Customer Relations | Government Contracting | Talent Acquisition |
| Disaster Planning | Human Resources & Managing Employees | Tax Planning |
| Disaster Recovery | Importing | Technology/Computers |
| E-file/E-Pay Mandate for Employers (Assembly Bill 1245) | Legal Issues | Training |

31. Describe specific assistance requested