

Small Business Development Centers of Ohio Counseling Information Form

PART I: Client Request for Counseling

1a. Date		1b. History <input type="checkbox"/> One Time <input type="checkbox"/> Initial		
2a. Center Code	2b. SBA District		2c. Counselor Name:	
3. Client Communication Type: <input type="checkbox"/> Face to Face <input type="checkbox"/> Online <input type="checkbox"/> Telephone				
4. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)			5. Position/Title	
6. Business Name				
7. Street Address/PO Box				
8. City	9. State	10a. Zip	10b. +4	11. County
12. Email Address				13. Business Phone
14. Home Phone	15. Business Fax	16. Other Phone	17. Website	
18. Business Description		19. Client Preferences <input type="checkbox"/> No Mailings <input type="checkbox"/> No Public Release <input type="checkbox"/> No E-mail <input type="checkbox"/> SBA Impact Survey		20. Date of Birth

PART II: Client/Owner Intake

21. Race <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> No Response		22. Ethnicity <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/> No Reply		23. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Reply		24. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Reply																					
25a. Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Connected Disabled Veteran <input type="checkbox"/> No Reply			25b. Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty <input type="checkbox"/> Not Military																								
26. What inspired you to contact us? <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 1st Stop Business Connection</td> <td><input type="checkbox"/> Educational Institution</td> <td><input type="checkbox"/> Magazine</td> <td><input type="checkbox"/> SBA</td> </tr> <tr> <td><input type="checkbox"/> Accountant/Attorney</td> <td><input type="checkbox"/> Government Agency</td> <td><input type="checkbox"/> Newspaper</td> <td><input type="checkbox"/> SBDC</td> </tr> <tr> <td><input type="checkbox"/> Bank</td> <td><input type="checkbox"/> Internet</td> <td><input type="checkbox"/> Other Client</td> <td><input type="checkbox"/> Seminar</td> </tr> <tr> <td><input type="checkbox"/> Business Owner</td> <td><input type="checkbox"/> ITAC/ITD</td> <td><input type="checkbox"/> PTAC</td> <td><input type="checkbox"/> Word of Mouth</td> </tr> <tr> <td><input type="checkbox"/> Chamber of Commerce</td> <td><input type="checkbox"/> Local ED Council</td> <td><input type="checkbox"/> Radio/Television</td> <td><input type="checkbox"/> Other</td> </tr> </table>								<input type="checkbox"/> 1 st Stop Business Connection	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Magazine	<input type="checkbox"/> SBA	<input type="checkbox"/> Accountant/Attorney	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Newspaper	<input type="checkbox"/> SBDC	<input type="checkbox"/> Bank	<input type="checkbox"/> Internet	<input type="checkbox"/> Other Client	<input type="checkbox"/> Seminar	<input type="checkbox"/> Business Owner	<input type="checkbox"/> ITAC/ITD	<input type="checkbox"/> PTAC	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Local ED Council	<input type="checkbox"/> Radio/Television	<input type="checkbox"/> Other
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27. Business Status <input type="checkbox"/> Existing Declining <input type="checkbox"/> Existing Healthy <input type="checkbox"/> Pre-venture/Nascent <input type="checkbox"/> Start-up <input type="checkbox"/> No Response				28. Business Start Date																							
29. What is the legal entity of your business? (Business Organization) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> C-Corporation</td> <td><input type="checkbox"/> Limited Partnership</td> <td><input type="checkbox"/> Foreign</td> </tr> <tr> <td><input type="checkbox"/> General Partnership</td> <td><input type="checkbox"/> Non Profit Corporation</td> <td><input type="checkbox"/> Undecided</td> </tr> <tr> <td><input type="checkbox"/> LLC</td> <td><input type="checkbox"/> Sole Proprietorship</td> <td></td> </tr> <tr> <td><input type="checkbox"/> LLP</td> <td><input type="checkbox"/> S-Corporation</td> <td></td> </tr> </table>								<input type="checkbox"/> C-Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Foreign	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Non Profit Corporation	<input type="checkbox"/> Undecided	<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> LLP	<input type="checkbox"/> S-Corporation									
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30. Type of Business (choose primary category) <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Accommodation & Food Services (72) <input type="checkbox"/> Administrative & Support (56) <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting (11) <input type="checkbox"/> Arts, Entertainment & Recreation (71) <input type="checkbox"/> Construction (23) <input type="checkbox"/> Finance & Insurance (52) <input type="checkbox"/> Educational Services (61) <input type="checkbox"/> Health Care & Social Assistance (62) <input type="checkbox"/> Information (51) </td> <td style="vertical-align: top;"> <input type="checkbox"/> Management of Companies & Enterprises (55) <input type="checkbox"/> Manufacturing – Food & Textiles (31) <input type="checkbox"/> Manufacturing – Non-Metal (32) <input type="checkbox"/> Manufacturing – Metals & Electronics (33) <input type="checkbox"/> Mining (21) <input type="checkbox"/> Other Services (except Public Administration) (81) <input type="checkbox"/> Parcel Delivery & Warehousing (49) <input type="checkbox"/> Professional, Scientific & Technical Services (54) <input type="checkbox"/> Public Administration (92) </td> <td style="vertical-align: top;"> <input type="checkbox"/> Real Estate & Rental & Leasing (53) <input type="checkbox"/> Retail Trade – Multiple Product Sales (45) <input type="checkbox"/> Retail Trade – Single Product Sales (44) <input type="checkbox"/> Transportation and Warehousing (48) <input type="checkbox"/> Utilities (22) <input type="checkbox"/> Wholesale Trade (05) </td> </tr> </table>								<input type="checkbox"/> Accommodation & Food Services (72) <input type="checkbox"/> Administrative & Support (56) <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting (11) <input type="checkbox"/> Arts, Entertainment & Recreation (71) <input type="checkbox"/> Construction (23) <input type="checkbox"/> Finance & Insurance (52) <input type="checkbox"/> Educational Services (61) <input type="checkbox"/> Health Care & Social Assistance (62) <input type="checkbox"/> Information (51)	<input type="checkbox"/> Management of Companies & Enterprises (55) <input type="checkbox"/> Manufacturing – Food & Textiles (31) <input type="checkbox"/> Manufacturing – Non-Metal (32) <input type="checkbox"/> Manufacturing – Metals & Electronics (33) <input type="checkbox"/> Mining (21) <input type="checkbox"/> Other Services (except Public Administration) (81) <input type="checkbox"/> Parcel Delivery & Warehousing (49) <input type="checkbox"/> Professional, Scientific & Technical Services (54) <input type="checkbox"/> Public Administration (92)	<input type="checkbox"/> Real Estate & Rental & Leasing (53) <input type="checkbox"/> Retail Trade – Multiple Product Sales (45) <input type="checkbox"/> Retail Trade – Single Product Sales (44) <input type="checkbox"/> Transportation and Warehousing (48) <input type="checkbox"/> Utilities (22) <input type="checkbox"/> Wholesale Trade (05)																	
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31. Business Ownership – What percentage of your business is male or female ownership? % Male _____ % Female _____		32. NAICS																																									
33. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	34. Is this a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No	35. Is this a commercial based business? <input type="checkbox"/> Yes <input type="checkbox"/> No																																									
36. Is this a new product or technology? <input type="checkbox"/> Yes <input type="checkbox"/> No	37a. Do you export? <input type="checkbox"/> Yes <input type="checkbox"/> No 37b. Do you import? <input type="checkbox"/> Yes <input type="checkbox"/> No	38. Is your business defense related? <input type="checkbox"/> Yes <input type="checkbox"/> No																																									
39. What is the nature of counseling you are seeking? <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;"><input type="checkbox"/> No Response</td> <td style="width: 25%; border: none;"><input type="checkbox"/> Commercialization</td> <td style="width: 25%; border: none;"><input type="checkbox"/> Intellectual Property</td> <td style="width: 25%; border: none;"><input type="checkbox"/> Regulatory Compliance</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Access to Capital – Debt</td> <td style="border: none;"><input type="checkbox"/> Computer Systems</td> <td style="border: none;"><input type="checkbox"/> International Trade</td> <td style="border: none;"><input type="checkbox"/> Small Business Innovation Research</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Access to Capital – Equity</td> <td style="border: none;"><input type="checkbox"/> Customer Relations</td> <td style="border: none;"><input type="checkbox"/> International Trade Country Profiles</td> <td style="border: none;"><input type="checkbox"/> Strategic Planning</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Agribusiness</td> <td style="border: none;"><input type="checkbox"/> Engineering R&D</td> <td style="border: none;"><input type="checkbox"/> International Trade Market Research</td> <td style="border: none;"><input type="checkbox"/> Tax Planning</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Accounting/Budget/Inventory Setup</td> <td style="border: none;"><input type="checkbox"/> eVantage</td> <td style="border: none;"><input type="checkbox"/> Inventory Control</td> <td style="border: none;"><input type="checkbox"/> Technology</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Business Planning</td> <td style="border: none;"><input type="checkbox"/> Federal & State Tech. Program</td> <td style="border: none;"><input type="checkbox"/> Legal Issues</td> <td style="border: none;"><input type="checkbox"/> Women’s Certification</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Business Start-Up</td> <td style="border: none;"><input type="checkbox"/> Financial Analysis</td> <td style="border: none;"><input type="checkbox"/> Management/Leadership</td> <td style="border: none;"><input type="checkbox"/> Other</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Buy/Sell Business</td> <td style="border: none;"><input type="checkbox"/> Franchising</td> <td style="border: none;"><input type="checkbox"/> Market Diversification</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Cash Flow Analysis & Management</td> <td style="border: none;"><input type="checkbox"/> Government Contracting</td> <td style="border: none;"><input type="checkbox"/> Marketing Planning</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Community Dev. Block Grant</td> <td style="border: none;"><input type="checkbox"/> Human Resources</td> <td style="border: none;"><input type="checkbox"/> Operations Analysis & Planning</td> <td></td> </tr> </table> Describe specific assistance requested in the space provided. _____ _____ _____				<input type="checkbox"/> No Response	<input type="checkbox"/> Commercialization	<input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Regulatory Compliance	<input type="checkbox"/> Access to Capital – Debt	<input type="checkbox"/> Computer Systems	<input type="checkbox"/> International Trade	<input type="checkbox"/> Small Business Innovation Research	<input type="checkbox"/> Access to Capital – Equity	<input type="checkbox"/> Customer Relations	<input type="checkbox"/> International Trade Country Profiles	<input type="checkbox"/> Strategic Planning	<input type="checkbox"/> Agribusiness	<input type="checkbox"/> Engineering R&D	<input type="checkbox"/> International Trade Market Research	<input type="checkbox"/> Tax Planning	<input type="checkbox"/> Accounting/Budget/Inventory Setup	<input type="checkbox"/> eVantage	<input type="checkbox"/> Inventory Control	<input type="checkbox"/> Technology	<input type="checkbox"/> Business Planning	<input type="checkbox"/> Federal & State Tech. Program	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Women’s Certification	<input type="checkbox"/> Business Start-Up	<input type="checkbox"/> Financial Analysis	<input type="checkbox"/> Management/Leadership	<input type="checkbox"/> Other	<input type="checkbox"/> Buy/Sell Business	<input type="checkbox"/> Franchising	<input type="checkbox"/> Market Diversification		<input type="checkbox"/> Cash Flow Analysis & Management	<input type="checkbox"/> Government Contracting	<input type="checkbox"/> Marketing Planning		<input type="checkbox"/> Community Dev. Block Grant	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Operations Analysis & Planning	
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40. Baseline Economic Indicators																																											
40 a. Full Time Employees	40b. Part Time Employees	40c. Gross Revenue/Sales \$ <i>(for most recent full business year)</i>	40d. +Profits/-Losses \$ <i>(for most recent full business year)</i>																																								
<p>41. 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 <input type="checkbox"/> No <input type="checkbox"/>). 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. Please note: 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 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> <p>I have worked with my Business Advisor to establish and agree to the counseling goals in my file.</p>																																											
42. Preferred date & time for appointment Date: _____ Time: _____	43a. Client Signature	43b. Date:																																									

Instructions for completing SBDC Form 641 Parts 1 and 2

Parts 1 and 2 of this form should be completed on the client's initial visit only.

Field 1a: Enter today's date.

Field 1b: Select what type of counseling session this is.

1. One Time - Any counseling session expected to require only that single session.
2. Initial - Any counseling session expected to require another session.

Field 2a: Enter your center code.

Field 2b: Enter your SBA District.

1. Columbus/Cincinnati
2. Cleveland

Field 2c: Enter the name of the counselor who is counseling the client.

Field 3: Select the manner in which you provided counseling.

Part 1

Fields 4-17: Enter the information requested.

Field 18: Enter a brief description of the business.

Field 19: Select check boxes if client asks not to be contacted or have information released.

Field 20: Enter the client's date of birth. This is not a required field.

Part 2

Fields 21-24: Select the client's race, ethnicity, gender and disability status.

Field 25: Check the boxes that correspond with the client's military status.

Field 26: Choose the option that best describes how the client came to contact the SBDC.

Field 27: Select the client's current business status.

1. Existing Declining: A company that is 13 months or older with even or decreasing sales.
2. Existing Healthy: A company that is 13 months or older with even or increasing sales.
3. Pre-Venture: A company that is in the planning process (such as contacting 1st Stop or the Ohio SBDC).
4. Start-Up: A company zero- to 12 months old (Has completed required registration(s), if applicable, with the local, state, and/or Federal government (e.g., DBA registration, get a business license, agency issued tax identifications, etc.) AND at least one of the following:
 - Has documented a transaction from the sale of a product or professional or personal service for the purpose of gain or profit;
 - Has contracted for or compensated an employee(s) or independent contractor(s) to perform essential business functions;
 - Has acquired debt or equity capital to pursue business operations (e.g., to purchase inventory, equipment, building, business, etc.); or
 - Has incurred business expenses in the operation of a business.

Field 28: Enter the month and year that the business started.

Field 29: Select the type of legal organization of the business.

Field 30: Select the primary category that business falls into.

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Field 31: Enter the percentage amount of male and female ownership in numbers.

Field 32: Enter the correct code.

Fields 33-38: Select the information requested.

Field 39: Select the box(es) that correspond with the nature of the counseling that is being sought by the client and give a brief description of the assistance you will be providing. (NOTE: You may determine later that other counseling is needed)

Fields 40a-d: Enter the current economic indicator information. This will act as the baseline.

1. You must enter at least one employee for Start-Up and Existing businesses.
2. Enter zeroes only for Pre-venture/Nascent businesses.

Fields 41-43b: The client must accept this waiver with his/her signature. If the client requests a specific time and date for an appointment, it may be entered into box 42.

This signed form, along with the initial session notes, should be attached to the left side of the client's file.