**PART I: Client Request for Assistance**

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**

11. I request business counseling service from the Alabama SBDC Network, 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 self-certify that neither I nor my company have been suspended or debarred by a Federal Agency. 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. PLEASE DO NOT SEND FORMS TO OMB.

12. **Preferred date & time for appointment**
   - Date:  
   - Time:

13. **Client Signature**  
   PLEASE SIGN HERE  
   Date:

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

14. **Race** (mark one or more):  
   - American Indian or Alaska Native  
   - Asian  
   - Black or African American  
   - Native Hawaiian or Other Pacific Islander  
   - White  

15. **Ethnicity**  
   - Hispanic or Latino  
   - Not Hispanic or Latino  

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 □

19. **Referred by** (Mark all that apply)  
   - SBA District □  
   - Lender □  
   - Business Owner □  
   - SBA Web site □  
   - Other Client □  

20a. Are you currently in business?  
   - Yes □  
   - No □ (If no, skip to 30)  
20b. If yes, are you currently exporting?  
   - Yes □  
   - No □

If yes to 20b, please let your counselor know which countries, and ask to talk with an international trade specialist.

21. **Name of Business**

22. **Type of Business** (choose primary category)  
   - Mining □  
   - Manufacturing □  
   - Utilities □  
   - Finance & Insurance □  
   - Information □  
   - Wholesale Trade □  
   - Construction □  
   - Public Administration □  
   - Retail Trade □  
   - Educational Services □  
   - Real Estate & Rental & Leasing □  
   - Health Care & Social Assistance □  
   - Accommodation & Food Services □  
   - Arts, Entertainment & Recreation □  
   - Transportation & Warehousing □  
   - Professional, Scientific & Technical Services □  
   - Management of Companies & Enterprises □  
   - Agriculture, Forestry, Fishing & Hunting □  
   - Administrative & Support □  
   - Waste Management & Remediation Services □  
   - Other Services (except Public Administration) □

23. **Business Ownership** – What percentage of your business is male or female owned?  
   - % Male □  
   - % Female □

24. **Date Business Started** (MM/YYYY)

25. **Do you conduct business online?**  
   - Yes □  
   - No □

26. **Are you a home based business?**  
   - Yes □  
   - No □

26a. Are you 8(a) certified?  
   - Yes □  
   - No □

27. **Total No. of Employees** (full & PT)  

28. **For your most recent full business year, what were your:**  
   - Gross Revenues/Sales $  
   - +Profits/Losses $  

28a. **Gross Revenues/Sales related to exporting $**

29. **What is the legal entity of your business?**  
   - Sole Proprietorship □  
   - Corporation □  
   - S-Corporation □  
   - LLC □  
   - 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?) □  
   - Business Plan □  
   - Financing/Capital (such as applying for a loan, building equity capital) □  
   - Managing a Business □  
   - Human Resources/Managing Employees □  
   - Customer Relations □  
   - Business Accounting/Budget □  
   - Cash Flow Management □  
   - Marketing/Sales (promotion, marketing research, pricing, etc.) □  
   - Government Contracting (including certifications) □  
   - Franchising □  
   - Buy/Sell Business □  
   - Technology/Computers □  
   - eCommerce (using the Internet to do business) □  
   - Legal Issues (such as, Should I incorporate?) □  
   - International Trade □

Describe specific assistance requested in the space provided.