



# U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324  
Expiration Date: 11/30/2010

Client Number:  
Location Code:  
Initials of Data Inputter:

1. Name of the Office Providing the Service \_\_\_\_\_ 1a. Type of Client:  Face to Face  Online  
2. City/State of Office Location \_\_\_\_\_  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. 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 3<sup>rd</sup> 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: _____
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### PART II: Client Intake (to be completed by all Clients)

14. Race (mark one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		15. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	16. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	17. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran		18a. Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty		
19. What prompted you to contact us? (mark all that apply) <input type="checkbox"/> SBA District <input type="checkbox"/> SBA Web site <input type="checkbox"/> Other Client <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Lender <input type="checkbox"/> Magazine <input type="checkbox"/> Educational Institution <input type="checkbox"/> Business Owner <input type="checkbox"/> Internet <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> Television/Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other (specify) _____				
20. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30)		21. Name of Company _____		
22. Type of Business (choose primary category) <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Utilities <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Information <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Retail Trade <input type="checkbox"/> Educational Services <input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Waste Management & Remediation Services <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. Are you a home based Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
27. Total No. of Employees (full & part time) _____		26a. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____		
30. What is the nature of counseling you are seeking? (Choose primary category) <input type="checkbox"/> Start-up Assistance (How do I start a small business?) <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Technology/Computers <input type="checkbox"/> Business Plan <input type="checkbox"/> Customer Relations <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Franchising <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> International Trade				
Describe specific assistance requested in the space provided. _____ _____				



## Statement of Understanding

The **Kansas Small Business Development Center (KSBDC)** is pleased to have you as a client. The KSBDC is a business development service for the State of Kansas. The KSBDC provides counseling, management education, and technical assistance to Kansas businesses and would-be entrepreneurs. The KSBDC counseling approach is one of guidance and education, not of doing the work for the client. The quality of our assistance depends, in many ways, on you and the information you provide. In addition to your rights as a KSBDC client, you also have responsibilities that will help us provide you the best possible assistance.

The counseling services, which are provided to you, are part of the effort of the constituent institutions of KSBDC to respond to the growing needs of the business community. They are not intended to compete with, replace, or be a substitute for services, which are available from the private sector. Clients whose needs can be fully and affordably met by private-sector practitioners or firms will be encouraged to use those resources. It is necessary that everyone requesting assistance have a strong personal commitment to finding and implementing solutions to the issues and challenges facing the start-up or existing business.

KSBDC's goal is to have an open professional relationship between the counselor and the client.

As a new client of the KSBDC, we want to advise you of certain rights and responsibilities that you have as one of our clients.

### Your Rights

- Expect all communications and information be kept confidential.
- Expect courteous and professional service.
- Be advised if the KSBDC is unable to provide services within the time frame required.
- Know the counselor's name and KSBDC telephone number of the KSBDC person assisting you.
- Receive one-to-one counseling free of charge.
- Know the general nature and risks of your venture.
- Express your opinion as to the quality of assistance you received and receive a response that addresses your concern(s).

### Your Responsibilities

- Talk openly with your counselor and provide all information necessary to enable the counselor to properly assist you.
- Make available, upon request, current financial and operating data.
- Provide information for your cash flow projections.
- Write your business plan to the best of your ability.
- Be honest and direct about everything related to you as an entrepreneur and your potential or existing business.
- Notify your counselor if you do not understand the proposed plan of action.
- Advise us of any concern or dissatisfaction you may have with the assistance being provided.
- Ask questions about anything that is unclear.
- Cooperate with your counselor and consider the recommendations your counselor may make to help you improve your business.

### Clarification Of Our Role

The Kansas Small Business Development Center is **NOT** a lending agency. Based on your input, we assist you run, analyze and critique cash flow projections for accessing capital. This type of assistance **DOES NOT** imply an endorsement of your proposal by the KSBDC, nor does it indicate intent to approve your loan request by any lending institution or guaranty institution, public or private. We will provide advice on techniques and sources of information needed for a financial proposal. However, it is your responsibility to collect the needed information.

A business plan is an essential tool for every business. KSBDC counselors **DO NOT** write business plans; counselors will review and make recommendations to your business plan.



**Confidential Information**

We acknowledge that clients may, from time to time, divulge confidential and proprietary information during the course of the counseling relationship. Unless otherwise expressly authorized by the client by filling out and signing KSBDC Authorization to Release Information, we will not disclose to any person or entity the identity of any client to whom we have rendered services, or any confidential or proprietary information obtained from the client and identified as such by the client. Please note the KSBDC program is a partnership program and collaboration is necessary between funding partners. The U.S. Small Business Administration (SBA) and the Kansas Department of Commerce and Housing (KDOC&H) and Kansas Colleges and Universities provide funds for the KSBDC program. Limited information with respect to your client status (name, address, nature/scope of service, and amount of service) may be provided to those public agencies which fund the KSBDC or are responsible for auditing the financial and program performance of the KSBDC.

**Proprietary Rights**

All patents, patent applications, trade secrets, processes, formulas and other proprietary information arising out of or resulting from the services provided to a client by the Kansas Small Business Development Center pursuant to this request shall be and remain the property of the client. The Kansas Small Business Development Center shall make no claim against a client asserting any interest in such property.

**Business Needs Assessment**

The KSBDC counselor must develop an in-depth understanding of all aspects of your business or potential business. It may be necessary to conduct a Business Needs Assessment of your existing business in order for our counselor to properly advise and assist you.

**Additional Client Requirements**

You will be expected to cooperate with KSBDC in its ongoing efforts to assure the quality and effectiveness of the counseling services, which it provides. In this respect, the KSBDC will ask all clients who received counseling assistance to complete a written evaluation of the services provided. Clients may receive direct inquiries from the SBA and other public-sector agencies with respect to the services provided by the KSBDC. Your response to these inquiries is expected and will be greatly appreciated.

Since a portion of the KSBDC program funding is provided by the U.S. Small Business Administration, we are required to obtain a signed copy of the attached Request for Counseling, SBA Form 641, from all Kansas Small Business Development Center clients **before providing assistance.**

**Quality Assurance**

We **WELCOME** you as a client and encourage you to call us if you have any questions or comments regarding your rights and responsibilities with respect to our services. You can do so by calling the KSBDC state director from anywhere in Kansas toll free (1-877-625-7232).

**Acknowledgement**

I have read and understand the Kansas Small Business Development Center Statement of Understanding.

\_\_\_\_\_  
**Signature and Title**

\_\_\_\_\_  
**Date**

## VERIFICATION

(check here for authentication of verification)

I, \_\_\_\_\_, (insert name) verify under penalty of law that I am the individual identified on the accompanying documents, that I have read and executed the same and forwarded them to the Kansas Small Business Development Center.

Today's Date: \_\_\_\_\_ (fill in)