



1. Name of the Office Providing the Service _____

1a. Type of Client: Face to Face Online Telephone

PART I: Client Request for Counseling

2. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)		3. Email	
4. Telephone Work _____ Cell _____ Home _____	5. Fax _____		
6. Street Address/PO Box (Give business address if currently in business) 7. City _____		8. State _____	9. Zip _____
		10. +4 _____	

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

11. Race (Mark one or more) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White		12. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		13. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		14. Are you a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-Disabled Veteran			15a. Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty				
16. Referred by? (Mark all that apply)		SBA Web site <input type="checkbox"/>		Chamber of Commerce <input type="checkbox"/>		Internet _____ <input type="checkbox"/>	
<input type="checkbox"/> SBA District Office <input type="checkbox"/> SBDC <input type="checkbox"/> Other Client		<input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Word of Mouth		<input type="checkbox"/> Television/Radio		<input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> Lender <input type="checkbox"/> USEAC <input type="checkbox"/> Educational Institution		<input type="checkbox"/> Business Owner <input type="checkbox"/> SCORE <input type="checkbox"/> Local Economic Development Official					
17a. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 29)							
17b. If yes, are you currently exporting? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 17b, please go to Appendix A and indicate the markets to which your company currently exports (mark all that apply).							
18. Name of Business _____							
19. Type of Business (choose primary category)		44 Retail Trade <input type="checkbox"/>		56 Administrative & Support <input type="checkbox"/>			
<input type="checkbox"/> 11 Agriculture, Forestry/Fishing/ Hunting		<input type="checkbox"/> 48 Transportation & Warehousing		<input type="checkbox"/> 61 Educational Services			
<input type="checkbox"/> 21 Mining		<input type="checkbox"/> 51 Information		<input type="checkbox"/> 62 Health Care & Social Assistance			
<input type="checkbox"/> 22 Utilities		<input type="checkbox"/> 52 Finance & Insurance		<input type="checkbox"/> 71 Arts, Entertainment & Recreation			
<input type="checkbox"/> 23 Construction		<input type="checkbox"/> 53 Real Estate & Rental & Leasing		<input type="checkbox"/> 72 Accommodation & Food Services			
<input type="checkbox"/> 31 Manufacturing		<input type="checkbox"/> 54 Professional, Scientific & Technical Services		<input type="checkbox"/> 81 Other Services (except Public Administration)			
<input type="checkbox"/> 42 Wholesale Trade		<input type="checkbox"/> 55 Management of Companies & Enterprises		<input type="checkbox"/> 92 Public Administration			
20. Business Ownership What percentage of your business is male or female owned? % Male _____ % Female _____		21. Date Business Started?(MM/YYYY) _____		22. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No		23a. Are you a homebased business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						23b. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Business Status: <input type="checkbox"/> Pre-venture (Nascent) <input type="checkbox"/> Existing-Healthy <input type="checkbox"/> Start-up <input type="checkbox"/> Existing-Declining		25a. Do you have a website? <input type="checkbox"/> Yes <input type="checkbox"/> No					
		25b. Website: _____					
26a. Total No. of Employees FT _____ PT _____		27a. For your most recent full business year, what were your: Gross Revenues/Sales \$ _____		28. What is the legal entity of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Other (specify) _____			
26b. Of total employees, how many are engaged in the exporting aspect of your business? FT _____ PT _____		+Profits/-Losses \$ _____					
		27b. Amount of your Gross Revenues/Sales related to exporting \$ _____					
29. What is the nature of counseling you are seeking? (Choose primary category)							
<input type="checkbox"/> 200 Computer Systems		<input type="checkbox"/> 1200 Business Start-up		<input type="checkbox"/> 2200 eVantage		<input type="checkbox"/> 3300 Commercialization	
<input type="checkbox"/> 300 Engineering R&D		<input type="checkbox"/> 1300 Sources of Capital		<input type="checkbox"/> 2400 Women's Certification		<input type="checkbox"/> 3400 Customer Relations	
<input type="checkbox"/> 400 Financial Analysis		<input type="checkbox"/> 1400 Technology		<input type="checkbox"/> 2500 Business Planning		<input type="checkbox"/> 3500 Franchising	
<input type="checkbox"/> 500 Human Resources		<input type="checkbox"/> 1500 Legal Issues		<input type="checkbox"/> 2600 CDBG		<input type="checkbox"/> 3600 Intellectual Property	
<input type="checkbox"/> 600 Buy/Sell Business		<input type="checkbox"/> 1600 Accounting/Budget		<input type="checkbox"/> 2700 RGP Launch		<input type="checkbox"/> 3800 ITAC-Research	
<input type="checkbox"/> 700 Government Contracting		<input type="checkbox"/> 1700 Other		<input type="checkbox"/> 2800 AgriBusiness		<input type="checkbox"/> 3900 Management/Leadership	
<input type="checkbox"/> 800 Export Assistance		<input type="checkbox"/> 1800 Export Launch		<input type="checkbox"/> 2900 No Response		<input type="checkbox"/> 4000 Market Diversification	
<input type="checkbox"/> 900 Inventory Control		<input type="checkbox"/> 1900 SBIR		<input type="checkbox"/> 3000 Access to Capital-Debt		<input type="checkbox"/> 4100 Operation Analysis	
<input type="checkbox"/> 1000 Marketing Planning		<input type="checkbox"/> 2000 Fed & St Technology		<input type="checkbox"/> 3100 Access to Capital-Equity		<input type="checkbox"/> 4200 Strategic Planning	
<input type="checkbox"/> 1100 Regulatory Compliance		<input type="checkbox"/> 2100 Case Management		<input type="checkbox"/> 3200 Cash Flow		<input type="checkbox"/> 4300 Tax Planning	
30. Notes:							



As a new client of the Ohio Small Business Development Center (SBDC), we'd like to advise you of certain rights and responsibilities you have as one of our clients:

You have a right to expect:

- Prompt, courteous, and professional counseling services and to be advised if the Ohio SBDC is unable to provide service within the time frame required. Be aware that due to the demand for our services, cases must often be prioritized by need and training may be recommended before counseling is provided.
• All information shared with the Ohio SBDC and any of its resources (staff, faculty, volunteers, and consultants) will be held in strictest confidence. No information provided by you will be used to the commercial advantage of any staff member, consultant, or other resource of the Ohio SBDC or to the benefit of any third party.
• That your client status with the Ohio SBDC will remain confidential. No public use of your name, address, or business identity will be made without your prior approval. Please note, however, that the Ohio SBDC is funded in part by the U.S. Small Business Administration, Ohio Development Services Agency and the local host, only aggregate client data is provided to those entities.

Our role is to counsel and assist small business owners and those planning to go into business. We will not make business decisions or judgments for you, though we will make recommendations and suggestions as appropriate. These will be based upon our best efforts to apply the experience and resources available to us to assist you in making your own business decisions.

The Ohio SBDC may charge reasonable fees for training programs, special services, and publications. However, you have a right to feel secure that no fee will be charged by the Ohio SBDC or its resources for normal counseling services provided to you. Also, no recommendations will be made as to the purchase of goods or services from any individual or firm with whom any Ohio SBDC staff or its resources have any financial, familial or personal interest.

The counseling services provided to you are a part of the effort of the Ohio SBDC and its sponsors to respond to the growing needs of the small business community and to positively affect the economy of Ohio. They are not intended to compete with, replace, or be a substitute for services available from the private sector. Clients whose needs can be fully met by private sector practitioners or firms in an affordable manner will be encouraged to use those resources.

In consideration of the Ohio SBDC furnishing you with management and technical assistance, you agree to waive all claims against the Ohio SBDC and its constituent institutions, its staff, or any other resources employed by or used in connection with these services. You will also be expected to cooperate with the OHIO SBDC in its efforts to assure the quality and effectiveness of the counseling services it provides.

In this respect, the Ohio SBDC will ask all clients who receive counseling assistance to complete a written evaluation of the services provided. In addition, clients may receive direct inquires from this office, the State Director's office or the U.S. Small Business Administration with respect to the services provided to you. Your response to all of these inquiries will be greatly appreciated.

REQUEST FOR CONSULTATION

SBDC Agreement:

I request business consultation service from the Ohio SBDC, a Resource Partner of the Small Business Administration (SBA). I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit the Ohio SBDC the use of my name and address for surveys and information mailings regarding products and services (Yes No). 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 Ohio SBDC 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 SBDC personnel, and that of its Resource Partners and host organizations, arising from this assistance.

* Client Signature

* Date

Counselor Signature