



U.S. Small Business Administration
Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 06/30/2024

U.S. Citizen [] Yes [] No Green Card [] Yes [] No

Control Number:

SAM ID:

1. Name of the Office Providing the Service Florida Womens Business Center 1a. Type of Client: [] Face to Face [] Online [] Telephone
2. City/State of Office Location Delray Beach

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 (give business address if currently in business) 8. City 9. State 10. Zip +4

11. I request business counseling service from an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA Resource Partner 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 []).

Use of Information: The information in this form is to be provided by individuals and business seeking technical assistance services from the Small Business Administration or SBA Resource Partner. The information is collected to help SBA's continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. The form should be submitted at the site of service to the counselor providing the service. Resource Partners will submit information to SBA according to the terms of their notice of award.

12. Preferred date & time for appointment Date: Time: 13. Client Signature Date:

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

14. Race (mark one or more) 15. Ethnicity 16. Gender 17. Do you consider yourself a person with a disability? [] Yes [] No

18. Military Status [] No military, Reserve, or National Guard service [] Veteran [] Service Disabled Veteran [] Member of the Reserve [] Active Duty [] Member of the National Guard [] Spouse of Military Member

19. Referred by? (Mark all that apply) [] SBA District [] SBDC [] Other Client [] Magazine/Newspaper [] Other (specify) [] Lender [] SCORE [] Educational Institution [] Word of Mouth [] USEAC [] Business Owner [] WBC [] Local Economic Development Official [] Television/Radio [] Boots to Business [] SBA Web site [] VBOC [] Chamber of Commerce [] Internet (please indicate website)

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 go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).

21. Name of Business

22. Type of Business (choose primary category) [] Mining [] Manufacturing [] Real Estate & Rental & Leasing [] Professional, Scientific & Technical Services [] Utilities [] Finance & Insurance [] Health Care & Social Assistance [] Management of Companies & Enterprises [] Agriculture, Forestry, Fishing & Hunting [] Information [] Wholesale Trade [] Accommodation & Food Services [] Administrative & Support [] Construction [] Public Administration [] Arts, Entertainment & Recreation [] Waste Management & Remediation Services [] Retail Trade [] Educational Services [] Transportation & Warehousing [] 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 26a. Are you a home based business [] Yes [] No 26b. Are you 8(a) certified? [] Yes [] No

27a. Total No. of Employees (full & PT) 27b. Of total employees, how many are engaged in the exporting aspect of your business: (Full & PT) 28a. For your most recent full business year, what were your: Gross Revenues/Sales \$ Profits/-Losses \$ 28b. Amount of your Gross Revenues/Sales related to exporting \$ 29. What is the legal entity of your business? [] Sole Proprietorship [] Corporation [] LLC [] S-Corporation [] 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 [] Tax Planning [] Marketing/Sales (promotion, market research, pricing, etc.) [] Government Contracting (including certifications) [] Franchising [] Buy/Sell Business [] Cyber Security/Cyber Awareness [] Technology/Computers [] eCommerce (using the Internet to do business) [] Legal Issues (such as, Should I incorporate?) [] International Trade [] Intellectual Property

Describe specific assistance requested in the space provided.