

**America's SBDC Iowa**  
**Client Request for Counseling Form**



**Contact Information**

Salutation:  Mr.  Mrs.  Ms.  Dr.

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Personal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Company Information**

Company Status:  Pre-Venture/Nascent  In Business Phone Number: \_\_\_\_\_

Date Company Established (MM/DD/YYYY): \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Email: \_\_\_\_\_

Website URL: \_\_\_\_\_

Number of Full-Time Employees: \_\_\_\_\_ Part-Time Employees: \_\_\_\_\_ Export-Related Employees: \_\_\_\_\_

Owner Gender:  Male  Female  Male/Female Owned  Choose Not To Respond Owner Gender Certification Date: \_\_\_\_\_

Company Veteran Status:  Non-Veteran  Service- Disabled Veteran  Veteran  Choose Not To Respond

Veteran Status Verification Date: \_\_\_\_\_

Business Size:  Disadvantaged Small  Large  Minority-Owned Small  Other Small  Undefined

Disadvantage Status:  Certified SDB (Legacy)  SBA 8(a) Certified  Self-Certified  Not Certified

Disadvantage Certification Date: \_\_\_\_\_

- Business Type:**
- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture/Value-Added | <input type="checkbox"/> Environmental/Green      | <input type="checkbox"/> Public Administration    | <input type="checkbox"/> Software                   |
| <input type="checkbox"/> Arts and Entertainment  | <input type="checkbox"/> Health Care              | <input type="checkbox"/> Real Estate              | <input type="checkbox"/> Technology                 |
| <input type="checkbox"/> Construction Concern    | <input type="checkbox"/> Hospitality/Restaurant   | <input type="checkbox"/> Research and Development | <input type="checkbox"/> Transportation/Warehousing |
| <input type="checkbox"/> Educational             | <input type="checkbox"/> Manufacturer or Producer | <input type="checkbox"/> Retail Dealer            | <input type="checkbox"/> Utilities                  |
| <input type="checkbox"/> Other (specify): _____  | <input type="checkbox"/> Professional/Technical   | <input type="checkbox"/> Service Establishment    | <input type="checkbox"/> Wholesale Dealer           |

- Organization Type:**
- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Charity Organization | <input type="checkbox"/> Limited Liability Co.   | <input type="checkbox"/> Not Yet In Business | <input type="checkbox"/> Sole Proprietor   |
| <input type="checkbox"/> Corporation          | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Partnership         | <input type="checkbox"/> Sub S Corporation |

State of Incorporation: \_\_\_\_\_

International Trade:  Exporter  Importer  Exporter/Importer  None

Export Countries: \_\_\_\_\_

Gross Revenue: \$ \_\_\_\_\_ (Annual) Gross Revenue Date: \_\_\_\_\_

Gross Export-Related Revenue: \$ \_\_\_\_\_

Profit/Losses: \$ \_\_\_\_\_ Profit/Losses Date: \_\_\_\_\_

Primary SIC: \_\_\_\_\_ Primary NAICS: \_\_\_\_\_

Product or Service Description: \_\_\_\_\_

## Details

Position: \_\_\_\_\_ Business Owner?  Yes  No

Gender:  Female  Male  Choose Not to Respond

Race:  Alaskan Native  Asian  Black or African American  Native American  Native Hawaiian or Pacific Islander  
 White/Caucasian  Choose Not to Respond

Hispanic Origin:  Hispanic  Non-Hispanic  Choose Not to Respond

Veteran Status:  Veteran  Non-Veteran  Service-Disabled Veteran  Choose Not to Respond

Military Reserve Status:  National Guard  National Guard-Active Duty  None  Reservist  Reservist-Active Duty  
 Choose Not to Respond

Contact Disabled/Handicapped:  Yes  No  Choose Not to Respond

Referral From: \_\_\_\_\_

What Resources/Services are you seeking? \_\_\_\_\_

In order to measure whether America's SBDC Iowa (SBDC) is meeting its mission to help improve small business in Iowa, we survey our clients occasionally each year. Survey information will ask about the progress of your business, satisfaction about the services provided, and what your needs are as a small business owner. Each survey is short and will take less than 5 minutes of your time. Your participation in these surveys is important and appreciated. By utilizing SBDC services, you agree to participate in these surveys. \_\_\_\_\_ (initial)

I request business counseling services 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/SBDC 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) agree 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 a collection of 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, D.C. 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Client Signature*

I permit America's SBDC Iowa the use of my contact information for America's SBDC Iowa's informational electronic mailings regarding products and resources. Yes  No

I have agreed to submit this document by electronic means. By signing this document electronically, I certify that my answers are correct and complete to the best of my knowledge. I also certify that I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. By typing my name above, I am electronically signing this document.

Notify America's SBDC Iowa if you or your company are disbarred from contracting with the federal government.

### This section for SBDC use only.

Center: \_\_\_\_\_ Client ID: \_\_\_\_\_

Primary Counselor: \_\_\_\_\_ Type of Meeting:  Face-to-Face  Online  Phone

Hours = Contact: \_\_\_\_\_ Prep: \_\_\_\_\_ Travel: \_\_\_\_\_