

For Office Use Only	
To:	_____
From:	_____
CATS:	_____

Welcome to the Central Coast SBDC, established in 1985

REQUEST FOR SERVICES

PART I: CLIENT REQUEST FOR COUNSELING

1. Client Name (Name of the person completing the form/representative of the business): <small>(Last, First, MI)</small>		2. Email:	
3. Telephone: <small>Primary</small> _____ <small>Cell</small> _____		4. Website:	
5. Street Address/PO Box (Give business address if currently in business):		6. City:	7. State:
		8. Zip:	
<p>9. 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 or 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 3rd 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.</p>			
10. Client Signature:		Date:	

PART II: CLIENT INTAKE (TO BE COMPLETED BY ALL CLIENTS)

11. Race (Mark one or more): <input type="checkbox"/> American Indian or Alaska <input type="checkbox"/> Native Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American																											
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. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No																											
15. Veteran Status: <input type="checkbox"/> Non-Veteran <input type="checkbox"/> 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): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> SBA District Office</td> <td><input type="checkbox"/> SBDC</td> <td><input type="checkbox"/> Other Client</td> <td><input type="checkbox"/> Television/Radio</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Lender</td> <td><input type="checkbox"/> USEAC</td> <td><input type="checkbox"/> Educational Institution</td> <td><input type="checkbox"/> Magazine/Newspaper</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Business Owner</td> <td><input type="checkbox"/> SCORE</td> <td><input type="checkbox"/> Local Economic Development Official</td> <td><input type="checkbox"/> Word of Mouth</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> SBA Web site</td> <td><input type="checkbox"/> WBC</td> <td><input type="checkbox"/> Chamber of Commerce</td> <td><input type="checkbox"/> Internet (please indicate website) _____</td> <td>_____</td> </tr> </table>				<input type="checkbox"/> SBA District Office	<input type="checkbox"/> SBDC	<input type="checkbox"/> Other Client	<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"/> Magazine/Newspaper	_____	<input type="checkbox"/> Business Owner	<input type="checkbox"/> SCORE	<input type="checkbox"/> Local Economic Development Official	<input type="checkbox"/> Word of Mouth	_____	<input type="checkbox"/> SBA Web site	<input type="checkbox"/> WBC	<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Internet (please indicate website) _____	_____				
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17. Name of Business:																											
18a. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30)		18b. If yes, are you currently exporting? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
18c. If yes, which countries? _____																											
19. Type of Business (choose primary category): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Mining</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Real Estate & Rental & Leasing</td> <td><input type="checkbox"/> Professional, Scientific & Technical Services</td> </tr> <tr> <td><input type="checkbox"/> Utilities</td> <td><input type="checkbox"/> Finance & Insurance</td> <td><input type="checkbox"/> Health Care & Social Assistance</td> <td><input type="checkbox"/> Management of Companies & Enterprises</td> </tr> <tr> <td><input type="checkbox"/> Information</td> <td><input type="checkbox"/> Wholesale Trade</td> <td><input type="checkbox"/> Accommodation & Food Services</td> <td><input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting</td> </tr> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Public Administration</td> <td><input type="checkbox"/> Arts, Entertainment & Recreation</td> <td><input type="checkbox"/> Administrative & Support</td> </tr> <tr> <td><input type="checkbox"/> Retail Trade</td> <td><input type="checkbox"/> Educational Services</td> <td><input type="checkbox"/> Transportation & Warehousing</td> <td><input type="checkbox"/> Waste Management & Remediation Services</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Other Services (except Public Administration)</td> </tr> </table>				<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)
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REQUEST FOR SERVICES

PART II: CLIENT INTAKE (CONTINUED)

20. Date Business Started (MM/YYYY): 21. Business Ownership: 22. Do you conduct business online? 23a. Are you a home based business? 23b. Are you 8(a) certified? 24a. Total No. of Employees: 24b. Of total employees, how many are engaged in the exporting aspect of your business? 25a. For your most recent full business year, what were your: 25b. Amount of your Gross Revenues/Sales related to exporting: 26. What is the legal entity of your business? 27. What is the nature of counseling you are seeking? (Choose primary category):

YOUR SUCCESS IS OUR SUCCESS!

The Small Business Development Center is dedicated to helping you start or expand your business. Our funding sources require that we track and report economic impacts that result from the advice you receive through our program. We will track loans and equity capital obtained, jobs created, increase in sales and new businesses started.

Please help us by staying in touch with us and by responding to surveys that you receive. Your information is confidential, we report all service and impacts in aggregate form. - Thank you!