



**Counseling Information Form
North Texas Small Business Development Centers
Paris SBDC**



PART I: Client Request for Counseling

1. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)		2. Email	
3. Telephone Primary _____ Secondary _____		4. Fax	
5. Street Address/PO Box (give business address if currently in business)	6. City	7. State	8. Zip (+4 if known)
<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 <input type="checkbox"/> No <input type="checkbox"/>). 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 3 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		11. Date:	

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

12. Race (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		13. Ethnicity <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic		14. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		15. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Veteran	
16a. Reservist Status <input type="checkbox"/> None <input type="checkbox"/> National Guard <input type="checkbox"/> National Guard – Active Duty <input type="checkbox"/> Reservist <input type="checkbox"/> Reservist – Active Duty		17. Who referred you? <input type="checkbox"/> Advertising <input type="checkbox"/> Bank <input type="checkbox"/> Chamber <input type="checkbox"/> Client/Word of Mouth <input type="checkbox"/> Educational Institution <input type="checkbox"/> Internet <input type="checkbox"/> Local Economic Development <input type="checkbox"/> Media (TV/Media) <input type="checkbox"/> Newspapers <input type="checkbox"/> SBA <input type="checkbox"/> SBDC <input type="checkbox"/> Training Seminar <input type="checkbox"/> Other (specify) _____				18. SBA Client Status Have you, or do you intend to apply for any of these SBA Programs? <input type="checkbox"/> 8 (a) Client <input type="checkbox"/> Procurement Assistance <input type="checkbox"/> Applicant <input type="checkbox"/> Surety Bond <input type="checkbox"/> Loan (Borrower) <input type="checkbox"/> Technical Assistance (micro loan) <input type="checkbox"/> COC –Certificate of Competency			
19. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. NAICS -North American Industry Classification System or SIC -Standard Industrial Classification <input type="checkbox"/> Unknown _____ (SBDC staff can provide assistance)				21. Status <input type="checkbox"/> Pre-venture/Nascent (skip to 32) <input type="checkbox"/> Start Up (in business < 1 year) <input type="checkbox"/> In Business (> 1 year)			
22. Name of Company				22.a Company Email [Same as above <input type="checkbox"/>		22.b Phone [Same as above <input type="checkbox"/>			
23. Type of Business (choose primary category) <input type="checkbox"/> Agriculture <input type="checkbox"/> Construction <input type="checkbox"/> Finance <input type="checkbox"/> Manufacturing <input type="checkbox"/> Research and Development <input type="checkbox"/> Retail Trade <input type="checkbox"/> Service Establishment			24. Business Size (choose primary category) <input type="checkbox"/> Certified SDB or SBA 8 (a) Small <input type="checkbox"/> Disadvantaged Small <input type="checkbox"/> Large <input type="checkbox"/> Minority – Owned Small <input type="checkbox"/> Other Small <input type="checkbox"/> Woman Owned Small			25. Business Ownership – Site the % of your business that is male or female owned? _____% Male _____% Female			
26. Date Business Started? ____/____/____		27. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No		28. Home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No		29. Total Employees – (including owner) <input type="checkbox"/> Full Time _____ <input type="checkbox"/> Part Time _____		30. In your most recent full business year: Gross Revenues/Sales _____ +Profits/-Losses _____	
31. What is the legal entity of your business? <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation			32. What is the nature of counseling you are seeking? (Choose primary category) <input type="checkbox"/> Accounting & Records <input type="checkbox"/> Business Liquidation <input type="checkbox"/> Computer Systems <input type="checkbox"/> E-Commerce <input type="checkbox"/> Engineering R&D <input type="checkbox"/> Financing/Capital <input type="checkbox"/> Franchising <input type="checkbox"/> Government Contracting <input type="checkbox"/> International Trade <input type="checkbox"/> Inventory Control <input type="checkbox"/> Marketing/Sales <input type="checkbox"/> Personnel <input type="checkbox"/> Sources of Capital						
Describe specific Assistance requested in the space provided. _____ _____ _____									

**NORTH TEXAS SBDC
CLIENT ENGAGEMENT AGREEMENT**

Thank you for using the North Texas Business Development Centers. The SBDC provides expert management and technical assistance to start-up and existing businesses throughout a 49-county North Central Texas Region. The management and technical assistance consists of one-on-one counseling to address the needs of your existing business or to aid you in starting your business.

At your initial meeting, your consultant will review your business or proposal and determine a course of action. Both you and the consultant will identify areas of management assistance and recommendations.

The counseling services are provided at no fee to you and are paid for by Federal/State government and Colleges/Universities. Each of these entities requires outcomes in order to determine the success of counseling provided to individuals and businesses.

To measure this outcome the NTSBDC Region conducts periodic surveys. The surveys are sent to clients who have used the services of the SBDC and are designed to gather business information that justifies the no-fee counseling provided to individuals and businesses. The surveys received will focus on customer satisfaction and economic impact. Upon receiving the surveys, please remember you're your SBDC experience and assistance you received by the North Texas SBDC and fill them out and return promptly. The business data you provide will ensure that we continue to provide effective small business counseling and training. The data collected will be compiled and converted to summary data and will not be conveyed to third parties.

The NTSBDCs also offer business counseling and training services to small business owners through a number of specialty programs. These programs provide assistance in areas requiring greater depth of knowledge and experience beyond standard business management expertise. The following are the Specialty programs and area of expertise:

- Center for Government Contracting SBDC Procurement assistance
- International Trade SBDC Import and export assistance
- Risk Management SBDC Environmental and risk management assistance
- SBDC for Enterprise Excellence Organizational and process improvement
- Technology Assistance SBDC Intellectual property assistance

Again, we thank you for becoming a customer of the North Texas SBDC and look forward to assisting your business needs.

Client

Counselor

Signature

Signature