

Florida SBDC Network Consulting Form



1. Organization _____

2. Office City/State _____

3. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)			4. Email																														
5. Telephone Primary _____ Secondary _____			6. Country																														
7. Street Address/PO Box (give business address if currently in business)			8. City	9. State	10. Zip																												
11. Client Agreement: I request business counseling service from an SBA Resource Partner, I authorize SBA or its agents 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 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. I understand that any information disclosed will be protected to the extent permitted by law. (SBA or its agents will not provide your personal information to commercial entities.) Use of Information: The information in this form is to be provided by individuals and business seeking technical assistance services from 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. I self-certify that neither I nor my company are currently in suspension or debarment by a Federal Agency.																																	
Client Signature:			Date:																														
12. Participation in Surveys and SBA Communication: 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. <div style="display: flex; justify-content: flex-end;"> Yes No </div>																																	
13. Primary Counseling Sought (2-3 topics only) Please rank order of importance by indicating "1, 2, or 3" to the right of the options. <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Business Start-up/Preplanning (How do I start a small business?)</td> <td style="width: 25%;">Customer Relations</td> <td style="width: 25%;">Marketing/Sales (promotion, market research, pricing, etc.)</td> <td style="width: 25%;">eCommerce (using Internet to do business)</td> </tr> <tr> <td>Business Plan</td> <td>Business Accounting/Budget</td> <td>Government Contracting (including certifications)</td> <td>Legal Issues (such as, Should I incorporate?)</td> </tr> <tr> <td>Business Financing/Capital Sources (such as applying for a loan, equity capital)</td> <td>Business Financial/Cash Flow</td> <td>Disaster Planning/Recovery</td> <td>International Trade</td> </tr> <tr> <td>Business Operations/Management</td> <td>Tax Planning</td> <td>Cyber Security/Cyber Awareness</td> <td>Intellectual Property Training</td> </tr> <tr> <td>Business Operations/Management</td> <td>Franchising</td> <td>Credit Counseling</td> <td>Other</td> </tr> <tr> <td>Human Resources/Managing Employees</td> <td>Buy/Sell Business</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Technology</td> <td></td> <td></td> </tr> </table> Describe specific assistance requested in the space provided:						Business Start-up/Preplanning (How do I start a small business?)	Customer Relations	Marketing/Sales (promotion, market research, pricing, etc.)	eCommerce (using Internet to do business)	Business Plan	Business Accounting/Budget	Government Contracting (including certifications)	Legal Issues (such as, Should I incorporate?)	Business Financing/Capital Sources (such as applying for a loan, equity capital)	Business Financial/Cash Flow	Disaster Planning/Recovery	International Trade	Business Operations/Management	Tax Planning	Cyber Security/Cyber Awareness	Intellectual Property Training	Business Operations/Management	Franchising	Credit Counseling	Other	Human Resources/Managing Employees	Buy/Sell Business				Technology		
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14. Race (mark one or more) <div style="display: flex; justify-content: space-between;"> <div> Native American/Alaska Native Asian Black or African American Middle Eastern Native Hawaiian/Other Pacific Islander </div> <div> White North African Prefer not to say Prefer to Self-Describe </div> </div>		15. Ethnicity <div style="display: flex; justify-content: space-between;"> <div> Hispanic or Latino Non Hispanic or Latino Prefer not to say </div> <div> Prefer not to say </div> </div>		16. Sex <div style="display: flex; justify-content: space-between;"> <div> Male Female </div> <div> 17. Do you consider yourself a person with a disability? Yes No Prefer not to say </div> </div>																													
18. If you attended a FL public university, please list the most recent one:		19. What year did you graduate? (if applicable)																															
20. Military Status <div style="display: flex; justify-content: space-between;"> <div> No military service Prefer not to say </div> <div> Veteran Service Disabled Veteran </div> <div> Member of the Reserve Active Duty </div> <div> Member of National Guard Spouse of Military Member </div> <div> Branch of Service </div> </div>																																	
21. Referred by (Mark all that apply) <table style="width:100%; border: none;"> <tr> <td style="width: 16%;">SBA District</td> <td style="width: 16%;">SBDC</td> <td style="width: 16%;">Other Client</td> <td style="width: 16%;">Magazine/Newspaper</td> <td style="width: 16%;">Other _____</td> </tr> <tr> <td>Lender</td> <td>SCORE</td> <td>Educational Institution</td> <td>Word of Mouth</td> <td>USEAC</td> </tr> <tr> <td>Business Owner</td> <td>WBC</td> <td>Local Economic Development Official</td> <td>Television/Radio</td> <td>Boots to Business</td> </tr> <tr> <td>SBA Web site</td> <td>VBOC</td> <td>Chamber of Commerce</td> <td>Internet (please indicate website)</td> <td></td> </tr> </table>						SBA District	SBDC	Other Client	Magazine/Newspaper	Other _____	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)									
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22. Are you currently in business? Yes No (STOP form is complete) Undetermined (STOP form is complete)																																	
23. Company/Business Name																																	
24. Are you currently exporting? Yes No <p>If yes to 23, please go to 30c. to indicate the markets to which your company currently exports.</p>																																	
25. Type of Business (choose primary category) <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Mining</td> <td style="width: 25%;">Manufacturing</td> <td style="width: 25%;">Real Estate and Rental and Leasing</td> <td style="width: 25%;">Professional, Scientific and Technical Services</td> </tr> <tr> <td>Utilities</td> <td>Finance and Insurance</td> <td>Health Care and Social Assistance</td> <td>Management of Companies and Enterprises</td> </tr> <tr> <td>Information</td> <td>Wholesale Trade</td> <td>Accommodation and Food Services</td> <td>Agriculture, Forestry, Fishing and Hunting</td> </tr> <tr> <td>Construction</td> <td>Public Administration</td> <td>Arts, Entertainment and Recreation</td> <td>Administrative and Support</td> </tr> <tr> <td>Retail Trade</td> <td>Educational Services</td> <td>Transportation Warehousing</td> <td>Waste Management & Remediation Services</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Other Services (except Public Administration)</td> </tr> </table>						Mining	Manufacturing	Real Estate and Rental and Leasing	Professional, Scientific and Technical Services	Utilities	Finance and Insurance	Health Care and Social Assistance	Management of Companies and Enterprises	Information	Wholesale Trade	Accommodation and Food Services	Agriculture, Forestry, Fishing and Hunting	Construction	Public Administration	Arts, Entertainment and Recreation	Administrative and Support	Retail Trade	Educational Services	Transportation Warehousing	Waste Management & Remediation Services				Other Services (except Public Administration)				
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26. Business Ownership – What percentage of your business is woman owned? _____% Woman Owned		27. Conducting Business Online <div style="display: flex; justify-content: space-around;"> Yes No </div>		28. 8(a) Certified <div style="display: flex; justify-content: space-around;"> Yes No </div>																													
29a. No. of FT Employees		30a. For your most recent full business year, what were your: Gross Revenues/Sales _____ +Profits/-Losses _____		30c. Please list countries you are exporting to:																													
29b. No. of PT Employees		30b. Amount of your Gross Revenues/Sales related to exporting \$ _____																															
29c. Of total employees, how many are engaged in the exporting aspect of your business:		31. Legal Entity Sole Proprietor S-Corporation Corporation LLC Partnership Other _____																															