

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	+4
---	-----------------	----------------	-----------

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.

I certify that I am legally authorized to receive taxpayer-funded assistance under federal law. I understand that, pursuant to Executive Order 14218 - Ending Taxpayer Subsidization of Open Borders (issued February 19, 2025), the Florida SBDC Network is prohibited from providing services funded by taxpayer dollars to individuals not lawfully present in the United States. I affirm that the information provided is accurate. I understand that knowingly providing false or misleading information may result in immediate termination of receipt of network services.

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. Yes No

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.

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
Human Resources/Managing Employees	Franchising	Credit Counseling	Other
	Buy/Sell Business		
	Technology		

Describe specific assistance requested in the space provided:

14. Race (mark one or more)	15. Ethnicity	16. Sex	17. Do you consider yourself a person with a disability? Yes No Prefer not to say
Native American/Alaska Native	White	Male	18. If you attended a FL public university, please list the most recent one:
Asian	North African	Female	
Black or African American	Prefer not to say		
Middle Eastern	Prefer to Self-Describe		
Native Hawaiian/Other Pacific Islander	Prefer not to say		
			19. What year did you graduate? (if applicable)

20. Military Status	No military service	Veteran	Member of the Reserve	Member of National Guard	Branch of Service
	Prefer not to say	Service Disabled Veteran	Active Duty	Spouse of Military Member	

21. Referred by (Mark all that apply)					
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) _____		

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
If yes to 23, please go to **30c.** to indicate the markets to which your company currently exports.

25. Type of Business (choose primary category)			
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)

26. Business Ownership – What percentage of your business is woman owned? _____% Woman Owned	27. Conducting Business Online Yes No	28. 8(a) Certified Yes No
--	---	-------------------------------------

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 _____
