

Client Attribution Form

Data reported through this form is kept confidential to the extent permitted by law, per SBA form 641.

CLIENT INFORMATION	Contact Name	
	Business Name	
	Primary Consultant	
	Annual Revenue	
	Current # of Full Time Employees (35+ Hours/Week):	Current # of Part Time Employees (Less than 35 Hours/Week):

NEW BUSINESS START DATE	My business was already in existence:	Date Started:
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JOBS CREATED & RETAINED	Jobs Created:	Jobs Retained:
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HAVE YOU RAISED CAPITAL?	CAPITAL TYPE	AMOUNT	# OF TRANSACTIONS	CAPITAL NOTES
	Commercial or Bank Loan	\$		
	Federal Disaster Loan	\$		
	>> This is an SBA Loan			
	Private or Personal / Seller Loan	\$		
	Other Loan	\$		
	Owner Equity Investment	\$		
	Investor & Other Equity	\$		
	Cash Savings	\$		
	Credit Card	\$		
	Personal Assets	\$		
	Real Estate	\$		
	Miscellaneous Capital	\$		

DID YOUR BUSINESS RECEIVE A U.S. GOVERNMENT CONTRACT?	CONTRACT TYPE	# OF CONTRACTS	AMOUNT	DATE (Month/Year)
	DoD Prime		\$	
	DoD Sub		\$	
	Federal Prime		\$	
	Federal Sub		\$	
	State Prime		\$	
	State Sub		\$	
	Local Prime		\$	
	Local Sub		\$	

Thank you for allowing us to be a part of your business' success. This tool is used to quantify our economic impact for our stakeholders and funding partners. Your response allows us to offer our consulting services at no-cost and our workshops at a low fee.

I attribute that the assistance provided by the Florida SBDC Network contributed to the results shown above and consent to sharing my aggregate impact data with SBDC stakeholders.

Client Signature: _____ **Date:** _____

Consultant Signature: _____ **Date:** _____