



U.S. Small Business Administration
Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 11/30/2013

Client Number:
Location Code:
Initials of Data Inputter:

1. Name of the Office Providing the Service
1a. Type of Client: Face to Face Online Telephone
2. City/State of Office Location

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business)
4. Email
5. Telephone Primary Secondary
6. Fax
7. Street Address/PO Box (Give business address if currently in business)
8. City
9. State
10. Zip +4
11. 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.
12. Preferred date & time for appointment
13. Client Signature
Date: Time: Date:

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

14. Race (Mark one or more)
15. Ethnicity
16. Gender
17. Do you consider yourself a person with a disability?
18. Veteran Status
18a. Military Status
19. Referred by? (Mark all that apply)
20a. Are you currently in business?
20b. If yes, are you currently exporting?
21. Name of Business
22. Type of Business (choose primary category)
23. Business Ownership What percentage of your business is male or female owned?
24. Date Business Started?(MM/YYYY)
25. Do you conduct business online?
26a. Are you a home based business?
26b. Are you 8(a) certified?
27a. Total No. of Employees (Full & PT)
27b. Of total employees, how many are engaged in the exporting aspect of your business? (Full & PT)
28a. For your most recent full business year, what were your: Gross Revenues/Sales \$ +Profits/-Losses \$
28b. Amount of your Gross Revenues/Sales related to exporting \$
29. What is the legal entity of your business?
30. What is the nature of counseling you are seeking? (Choose primary category)



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Appendix A to Questions 20b. & 39b.

If your company is currently exporting, please indicate the countries to which your company exports: (Mark all that apply)

Asia	Africa	Caribbean	Central America	North America
<input type="checkbox"/> Afghanistan <input type="checkbox"/> Bahrain <input type="checkbox"/> Bangladesh <input type="checkbox"/> Belarus <input type="checkbox"/> Bhutan <input type="checkbox"/> Brunei <input type="checkbox"/> Burma <input type="checkbox"/> Cambodia <input type="checkbox"/> China <input type="checkbox"/> East Timor <input type="checkbox"/> Georgia <input type="checkbox"/> Hong Kong <input type="checkbox"/> India <input type="checkbox"/> Indonesia <input type="checkbox"/> Iran <input type="checkbox"/> Iraq <input type="checkbox"/> Israel <input type="checkbox"/> Japan <input type="checkbox"/> Jordan <input type="checkbox"/> Kazakhstan <input type="checkbox"/> Korea, North <input type="checkbox"/> Korea, South <input type="checkbox"/> Kuwait <input type="checkbox"/> Kyrgyzstan <input type="checkbox"/> Laos <input type="checkbox"/> Lebanon <input type="checkbox"/> Macau <input type="checkbox"/> Malaysia <input type="checkbox"/> Maldives <input type="checkbox"/> Micronesia <input type="checkbox"/> Mongolia <input type="checkbox"/> Nepal <input type="checkbox"/> Oman <input type="checkbox"/> Pakistan <input type="checkbox"/> Philippines <input type="checkbox"/> Qatar <input type="checkbox"/> Russia <input type="checkbox"/> Saudi Arabia <input type="checkbox"/> Singapore <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Syria <input type="checkbox"/> Tajikistan <input type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/> Turkey <input type="checkbox"/> Turkmenistan <input type="checkbox"/> United Arab Emirates <input type="checkbox"/> Uzbekistan <input type="checkbox"/> Vietnam <input type="checkbox"/> Yemen	<input type="checkbox"/> Algeria <input type="checkbox"/> Angola <input type="checkbox"/> Benin <input type="checkbox"/> Botswana <input type="checkbox"/> Burkina Faso <input type="checkbox"/> Burundi <input type="checkbox"/> Cameroon <input type="checkbox"/> Cape Verde <input type="checkbox"/> Central African Republic <input type="checkbox"/> Chad <input type="checkbox"/> Comoros <input type="checkbox"/> Congo <input type="checkbox"/> Democratic Republic of Congo <input type="checkbox"/> Cote d'Ivoire <input type="checkbox"/> Djibouti <input type="checkbox"/> Egypt <input type="checkbox"/> Equatorial Guinea <input type="checkbox"/> Eritrea <input type="checkbox"/> Ethiopia <input type="checkbox"/> Gabon <input type="checkbox"/> Gambia <input type="checkbox"/> Ghana <input type="checkbox"/> Guinea <input type="checkbox"/> Guinea-Bissau <input type="checkbox"/> Kenya <input type="checkbox"/> Lesotho <input type="checkbox"/> Liberia <input type="checkbox"/> Libya <input type="checkbox"/> Madagascar <input type="checkbox"/> Malawi <input type="checkbox"/> Mali <input type="checkbox"/> Mauritania <input type="checkbox"/> Mauritius <input type="checkbox"/> Morocco <input type="checkbox"/> Mozambique <input type="checkbox"/> Namibia <input type="checkbox"/> Niger <input type="checkbox"/> Nigeria <input type="checkbox"/> Rwanda <input type="checkbox"/> Sao Tome and Principe <input type="checkbox"/> Senegal <input type="checkbox"/> Seychelles <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Somalia <input type="checkbox"/> South Africa <input type="checkbox"/> Sudan <input type="checkbox"/> Swaziland <input type="checkbox"/> Tanzania <input type="checkbox"/> Togo <input type="checkbox"/> Tunisia <input type="checkbox"/> Uganda <input type="checkbox"/> Zambia <input type="checkbox"/> Zimbabwe	<input type="checkbox"/> Anguilla <input type="checkbox"/> Antigua & Barbuda <input type="checkbox"/> Aruba <input type="checkbox"/> Bahamas <input type="checkbox"/> Barbados <input type="checkbox"/> Virgin Islands (British) <input type="checkbox"/> Cayman Islands <input type="checkbox"/> Cuba <input type="checkbox"/> Dominica <input type="checkbox"/> Dominican Republic <input type="checkbox"/> Grenada <input type="checkbox"/> Haiti <input type="checkbox"/> Jamaica <input type="checkbox"/> Montserrat <input type="checkbox"/> Netherlands Antilles <input type="checkbox"/> St. Kitts and Nevis <input type="checkbox"/> St. Lucia <input type="checkbox"/> St. Vincent and Grenadines <input type="checkbox"/> Trinidad and Tobago	<input type="checkbox"/> Bermuda <input type="checkbox"/> Costa Rica <input type="checkbox"/> El Salvador <input type="checkbox"/> Guatemala <input type="checkbox"/> Honduras <input type="checkbox"/> Nicaragua <input type="checkbox"/> Panama	<input type="checkbox"/> Bermuda <input type="checkbox"/> Mexico <input type="checkbox"/> Canada
			Europe	South America
			<input type="checkbox"/> Austria <input type="checkbox"/> Azerbaijan <input type="checkbox"/> Albania <input type="checkbox"/> Armenia <input type="checkbox"/> Belgium <input type="checkbox"/> Bosnia-Herzegovina <input type="checkbox"/> Bulgaria <input type="checkbox"/> Croatia <input type="checkbox"/> Cyprus <input type="checkbox"/> Czech Republic <input type="checkbox"/> Denmark <input type="checkbox"/> Estonia <input type="checkbox"/> Finland <input type="checkbox"/> France <input type="checkbox"/> Germany <input type="checkbox"/> Greece <input type="checkbox"/> Hungary <input type="checkbox"/> Iceland <input type="checkbox"/> Ireland <input type="checkbox"/> Italy <input type="checkbox"/> Latvia <input type="checkbox"/> Liechtenstein <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Macedonia <input type="checkbox"/> Malta <input type="checkbox"/> Moldova <input type="checkbox"/> Monaco <input type="checkbox"/> Montenegro <input type="checkbox"/> Netherlands <input type="checkbox"/> Norway <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Serbia <input type="checkbox"/> Slovak Republic <input type="checkbox"/> Slovenia <input type="checkbox"/> Spain <input type="checkbox"/> Sweden <input type="checkbox"/> Switzerland <input type="checkbox"/> Turkey <input type="checkbox"/> Ukraine <input type="checkbox"/> United Kingdom <input type="checkbox"/> Vatican City	<input type="checkbox"/> Argentina <input type="checkbox"/> Bolivia <input type="checkbox"/> Brazil <input type="checkbox"/> Chile <input type="checkbox"/> Colombia <input type="checkbox"/> Ecuador <input type="checkbox"/> Guyana <input type="checkbox"/> Paraguay <input type="checkbox"/> Peru <input type="checkbox"/> Suriname <input type="checkbox"/> Uruguay <input type="checkbox"/> Venezuela
				Oceania
				<input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> Cook Islands <input type="checkbox"/> Fiji <input type="checkbox"/> Kiribati <input type="checkbox"/> Marshall Islands <input type="checkbox"/> Nauru <input type="checkbox"/> Palau <input type="checkbox"/> Papua New Guinea <input type="checkbox"/> Samoa <input type="checkbox"/> Solomon Islands <input type="checkbox"/> Tonga <input type="checkbox"/> Tuvalu <input type="checkbox"/> Vanuatu
				Other
				<input type="checkbox"/> Subcontractor for Exporter <input type="checkbox"/> Sell to fill-freight

Please note: The estimated burden for completing this form is 23 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.



Client Rights and Responsibilities

As a client of a Small Business Development Center (SBDC), a member of the Colorado SBDC network and the National Association of SBDCs, we'd like to advise you of certain rights and responsibilities you have as one of our clients.

You have the right to expect:

- Prompt, courteous, and professional counseling services and to be advised if the CSBDC is unable to provide services within the time frame required. Be aware, due to the demand for our services, cases must often be prioritized by need and training may be recommended before counseling is provided.
- All information shared with the CSBDC and any of its resources (staff, faculty, volunteers, and consultants) will be held in strict confidence. Information provided by you will not be used to the advantage of any staff member, consultant, other resource of the CSBDC or any third party.
- You have a right to expect your client status with the CSBDC will remain confidential. No public use of your name, business name, address or phone number will be made without your prior written approval. Please note, however, the CSBDC is partially funded by the US Small Business Administration and a limited amount of information with respect to your client status—name, address, nature and scope of services—is provided to that agency.
- You have the opportunity to receive counseling from an attorney/CPA as an SBDC consultant. However, legal or professional advice will not be given. You may be counseled in options as to legal structuring or other professional opportunities. The client session notes (and all other materials related to counseling) will belong to the SBDC and not protected under attorney-CPA/client privileges and subject to review by the Lead Center or SBA. If you so choose to become a client of the attorney/CPA, you can always return to the SBDC for free one-on-one consulting.

Our role is to counsel and assist small business owners and those planning to go into business. We will not make business decisions or judgments for you, though we will make recommendations and suggestions as appropriate. These will be based upon our best efforts to apply the experience and resources available, in order to assist you in making your own business decisions.

The CSBDC may charge reasonable fees for training programs, special services and publications; however, you have a right to feel secure that no fee will be charged by the CSBDC or its resources for normal counseling services. No fees may be paid to or accepted for counseling services. Also, no recommendations will be made as to the purchase of goods or services from any specific individual or firm with which any CSBDC staff member of its resources have any financial, familial or personal interest.

The counseling services, which are provided to you by the CSBDC, are part of the effort of the Colorado Office of Economic Development (OED) to respond to the growing needs of the small business community. They are not intended to compete with, replace or be a substitute for services available from the private sector. Clients whose needs can be fully met by the private sector practitioners or firms in an affordable manner will be encouraged to use those resources.

In this respect, the CSBDC will ask all clients who received counseling assistance or attended training programs to complete a written evaluation of services provided. In addition, all clients who receive four or more hours of counseling assistance may be asked to complete a brief "impact" assessment within one year following the close of a case file. Finally, clients may receive direct inquiries from this office, the state director's office, the US Small Business Administration, or third party evaluators contracted by the CSBDC with respect to the services provided to you. Your response to all these inquiries will be greatly appreciated.

We welcome you as a client and encourage you to call on us if you have any questions or comments with regard to your rights and responsibilities with respect to our services. You can do so by calling your local SBDC Director or the Colorado SBDC State Director at (303)892-3840.

Additional information and small business resources are available through the CSBDC website at www.coloradosbdc.org and through the Colorado Business Assistance Center at (303)592-5920

Client's printed name

Client's signature

SBDC counselor's printed name

SBDC counselor's signature

Would you like to share the story of your business success?

Periodically the CSBDC features clients and their businesses in news articles, newsletters, reports, and exhibits. It's a great way to tell the SBDC story-and spread the word about your business too. In addition, sometimes reporters, writers, and media people call us and ask for the names of businesses who might be interested in becoming subjects of news features. If you would like your business to be considered for an upcoming success story, or to have your name included with others we pass along to the media, please sign permission in the spaces below.

I hereby grant permission to the CSBDC to use the information about my business in materials such as reports, news releases and newsletters for educational and publicity purposes. I also grant permissions to give my name to reporters and media personnel who are interested in featuring Colorado businesses.

- I authorize the CSBDC to share my "Business Success Story"
 I DO NOT authorize the CSBDC to share my "Business Success Story"

Client's signature

Key Points about my Business History and Success:

How the SBDC helped me: (Attach extra page if necessary)

AFFIDAVIT OF LAWFUL PRESENCE

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

For internal use only:

IDENTIFICATION PROVIDED

- Colorado Driver's License
- Colorado Identification Card Issued by Department of Motor Vehicles
- United States Military Card
- United States Military Dependent Identification Card
- United States Coast Guard Merchant Mariner Card
- Native American Tribal Document

For internal use only:

ALTERNATE I.D. PROVIDED Only through July 1, 2010

- original birth certificate from any state of the United States
- certificate verifying naturalized status by U.S. with photo and raised seal
- certificate verifying U.S. citizenship by U.S. government, e.g., U.S. passport
- order of adoption by a U.S. court with seal of certification
- valid driver's license from any state of the U.S. or the Dist. of Columbia excluding AK, HI, IL, MD, MI, NE, NM, NC, OR, TN, TX, UT, VT and WI
- valid immigration documents demonstrating lawful presence, e.g., current foreign passport with current I-551 stamp or visa, current foreign passport with I-94, I-94 with asylum status, unexpired Resident Alien card, Permanent Resident card or Employment Authorization card

*A waiver may be available where no identification exists or can be obtained due to a medical condition, homelessness, or insufficient documentation to receive a Colorado I.D. or driver's license. Contact your department director.