

Capital Region Small Business Development Center Request for Counseling

Company Name		Position	
		Business owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Name		Telephone Number(s)	Home
First _____ MI _____ Last _____		Business	Fax
E-mail		Website	
Business Size (check ONE) <input type="checkbox"/> Disadvantaged Small <input type="checkbox"/> Disadvantaged SBA 8(a) Small <input type="checkbox"/> Woman-Owned Small <input type="checkbox"/> Minority-Owned Small <input type="checkbox"/> Other Small <input type="checkbox"/> Large	Current or Proposed Business Type (check ONE) <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Construction Concern <input type="checkbox"/> Service Establishment <input type="checkbox"/> Research//Development <input type="checkbox"/> Retail Dealer (Type 1) <input type="checkbox"/> Surplus Dealer <input type="checkbox"/> Retail Dealer (Type 2) <input type="checkbox"/> Not in Business <input type="checkbox"/> Wholesale Dealer (Type 1) <i>type 1 maintain their own inventory</i> <input type="checkbox"/> Wholesale Dealer (Type 2) <i>type 2 place orders as demand dictates</i>		Organizational Type (check ONE) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Non-profit Org. <input type="checkbox"/> Sub S Corporation Date of Inc. _____ State _____
Primary Counselor			
Mailing Address		City	State
		Zip	County
		Federal Congressional District	State Representative District
Business Owner Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female	Race <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African America <input type="checkbox"/> White	Ethnicity: Hispanic Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Status <input type="checkbox"/> Pre-Venture <input type="checkbox"/> In Business International Trade? <input type="checkbox"/> Yes <input type="checkbox"/> Import <input type="checkbox"/> No <input type="checkbox"/> Export
Is your business: <input type="checkbox"/> in a HubZone area? <input type="checkbox"/> in a certified HubZone area? <input type="checkbox"/> a home-based business? <input type="checkbox"/> a Labor Surplus Area?			
Date Business Established ____/____/____	Have you visited another center? <input type="checkbox"/> Yes <input type="checkbox"/> No? <input type="checkbox"/> If so, which one? _____	# of employees (count yourself) full-time _____ part-time _____	Has your business: <input type="checkbox"/> received Aid to Families with Dependent Children (AFDC)? <input type="checkbox"/> received Temporary Assistance for Needy Families (TAVF)?
Military Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam-Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Vietnam Veteran <input type="checkbox"/> Service Disabled Veteran	SBA Client Type <input type="checkbox"/> None <input type="checkbox"/> 8(a) Client <input type="checkbox"/> Borrower <input type="checkbox"/> 8(a) Borrower <input type="checkbox"/> Applicant <input type="checkbox"/> 8(a) Surety Bond <input type="checkbox"/> COC <input type="checkbox"/> Surety Bond	Referral From: <input type="checkbox"/> Accountant <input type="checkbox"/> Government Agency <input type="checkbox"/> SBA <input type="checkbox"/> Advertising/Marketing <input type="checkbox"/> Legal Counselor <input type="checkbox"/> SBDC <input type="checkbox"/> Bank <input type="checkbox"/> Local EDC <input type="checkbox"/> SCORE <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Media-TV/Radio <input type="checkbox"/> Training Seminar <input type="checkbox"/> Client or Word-of-Mouth <input type="checkbox"/> Network Agency <input type="checkbox"/> Yellow Pages <input type="checkbox"/> College/University <input type="checkbox"/> Newspaper <input type="checkbox"/> Other <input type="checkbox"/> Faculty	
Product/Service (briefly describe your business and the nature of the counseling you are seeking):			Standard Industrial Classification (SIC) Codes / NAICS
<p>I request business management counseling service from the Capital Region SBDC. I agree to cooperate should I be selected to participate in surveys designed to evaluate the Capital Region SBDC's services. I authorize the center to furnish relevant information to the assigned management counselor(s), SBA personnel and other SBA resource partners, although I expect that information to be held in strict confidence by him/her</p> <p>I further understand that any counselor has agreed 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. By my signature below, and in consideration of the center's furnishing of management or technical assistance, I waive all claims against the Capital Region SBDC personnel and its' host organization, SBA personnel, and other SBA resource partners arising from this assistance. I understand there are no warranties or assurances in connection with the counseling assistance</p>			
Applicant Signature and Title			Date