



U.S. Small Business Administration
COUNSELING INFORMATION FORM

Client Number:
Location Code:
Initials of Data Imputer:

Name of the Office Providing the Service - NCK SBDC
City/State of Office Location - Concordia, Kansas

Type of Client:
Face to Face
Online
Telephone

Name (name of the person completing the form/representative of the business)
Email
Business Owner? Y or N

Work telephone
Home telephone
Fax
Cell Phone

Street Address/PO Box (business address if currently in business)
City
State
Zip
County

Gender
Race (mark one or more)
Hispanic Origin
Veteran Status
Reservist Status
Disabled?

Are You Currently in Business?
Name of Company
Business Status
Business Phone
Fax
Business email
Website

Month & Year Business Started
Number of Employees
Full-time
Part-time
Company Gender
Business Type (choose primary category)

What is the legal entity of your business?
Do you conduct business online?
For your most recent full business year, what were your:
Gross Revenue/Sales \$
Gross Profit/Losses \$

Product/Service Description and Keywords
Are you a home based business?
Are you 8(a) certified?
Distressed Area?
International Trade?

What prompted you to contact us? (mark all that apply)
What is the nature of counseling you are seeking? (Choose primary category)

Describe specific assistance requested:

APPLICANT MUST SIGN AND DATE
I request business management counseling from a Small Business Administration resource partner, the Small Business Development Center. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA assistance services.

Preferred date & time for appointment
Signature & Title
Date