



North Texas Small Business Development Centers SBDC Client Intake Form



CLIENT NAME (Last, First, MI)			EMAIL		
POSITION <input type="checkbox"/> Owner/Sole Proprietorship <input type="checkbox"/> Employee <input type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____					
WORK PHONE			CELL PHONE		
HOME PHONE			FAX		
MAILING ADDRESS			CITY, STATE, ZIP CODE		
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> White	ETHNICITY <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	VETERAN STATUS <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-Disabled <input type="checkbox"/> Veteran Veteran	RESERVIST STATUS <input type="checkbox"/> None <input type="checkbox"/> National Guard <input type="checkbox"/> National Guard - Active Duty <input type="checkbox"/> Reservist <input type="checkbox"/> Reservist - Active Duty	DO YOU HAVE A DISABILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPANY INFORMATION

CURRENTLY IN BUSINESS? Yes Indicate Month/Day/Year established business ____ / ____ / ____ No
 If in business but you want to explore a new business. Please specify the area of interest: _____
 If in business, are you currently EXPORTING? Yes, Please indicate the Countries below, No Not yet but interested
 Export Countries: _____

COMPANY NAME (IF APPLICABLE) _____ WEBSITE _____

PHYSICAL ADDRESS OF BUSINESS _____ CITY, STATE ZIP CODE _____

WHAT PROMPTED YOU TO CONTACT US (REFERRED FROM)
 Advertising/Marketing College/University Lender SBA Network Website
 Chamber of Commerce Email Local EDC SBDC Social Media (please list)
 Client/Word of Mouth Media/TV/Radio News Outlet Training Event/Conf. _____

BUSINESS OWNERSHIP Business ownership gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female Owners	BUSINESS SIZE <input type="checkbox"/> Disadvantaged - Small <input type="checkbox"/> Large <input type="checkbox"/> Minority Owned - Small <input type="checkbox"/> Other Small	BUSINESS LEGAL ENTITY <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	HOME-BASED? <input type="checkbox"/> Yes <input type="checkbox"/> No DO YOU CONDUCT YOUR BUSINESS ONLINE? <input type="checkbox"/> Yes <input type="checkbox"/> No	8 (A) CERTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	SBA RELATIONSHIP <input type="checkbox"/> Applicant <input type="checkbox"/> Borrower <input type="checkbox"/> COC <input type="checkbox"/> Procurement Assistance <input type="checkbox"/> Technical Assistance
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TYPE OF BUSINESS Manufacturing Wholesale Construction Retail Services Other: _____
 PRODUCTS/SERVICES: _____ NAICS CODE(S): _____
(SBDC staff can assist with NAICS code for your business)

WHAT ARE YOUR TOTAL NUMBER OF EMPLOYEES _____ Full Time _____ Part Time How many are engaged in the exporting aspect of the business? _____	FOR THE MOST RECENT FULL BUSINESS YEAR, PLEASE PROVIDE Gross Revenue/Sales (GRS) \$ _____ +Profits/-Losses \$ _____
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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. 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). I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA 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 from sources 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. Please note: The estimated burden for completing this form is 3 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. **SBDC services are not available to individuals or entities that have been debarred or suspended by the federal government. By agreeing to receive assistance from the SBDC with your signature on this form, you are self-certifying that you are not currently federally debarred or suspended and also agree to cease using SBDC services if you become federally debarred or suspended in the future.**

CLIENT SIGNATURE _____ DATE _____



North Texas Small Business Development Center Network Business Advising Client Engagement Agreement

The North Texas Small Business Development Centers Network provides expert management and technical assistance to start-up and existing businesses throughout 49-counties in the North Central Texas Region. The management and technical assistance consists of one-on-one advising to address the needs of your existing business or to aid you in starting a business.

PERIODIC SURVEYS MEASURING PROGRAM OUTCOMES

SBDC counseling services are provided at no fee to you. We will request you to complete surveys to measure satisfaction and economic impact. The surveys are designed to gather business information that supports the no-fee counseling infrastructure provided to you. Upon receiving the surveys, please remember your experience and the assistance you received from one or more of the North Texas SBDC field centers. The business data you provide will help us to identify needs and ensure we continue to provide relevant and effective small business counseling and training. The data collected will be compiled and converted to summary data without identifying specific businesses. **You will not be identified individually nor will your information be conveyed to third parties.**

EXPECTATIONS WITH YOUR BUSINESS CONSULTANT

Your advisor will review your business plan and determine a course of action for your business. Both you and your advisor will identify areas of management assistance and a plan of action for next steps. Thank you for becoming a customer of the North Texas SBDC Network and we look forward to assisting your business needs at every stage of your business growth. We want to contribute to your success for many years to come!

Client Signature

Business Advisor Signature

Date

Date