



Company Information Form

Client Number:

Location Code:

SAM Number:

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

What is your NAICS Code?

3. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)		4. Email: Website:	
5. Telephone Primary _____ Secondary _____		6. Country _____	
7. Street Address/PO Box (give business address if currently in business)	8. City _____	County _____	9. State _____ 10. Zip _____ +4 _____

11. Client Agreement: I request business advising service from the Alabama SBDC Network and/or APEX Accelerator, I authorize SBA or its agents to furnish relevant information to the assigned management advisor(s). I further understand that the advisor(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 advising relationship. In consideration of the advisor(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. I understand that any information disclosed will be protected to the extent permitted by law. (SBA will not provide your personal information to commercial entities.) I self-certify that neither I nor my company have been suspended or debarred by a Federal Agency. I certify that I am legally authorized to receive taxpayer-funded assistance under federal law and regulations. I understand that the Alabama Small Business Development Center is prohibited from providing services funded by taxpayer dollars to individuals not lawfully present in the United States. I affirm that the information provided is accurate. **Use of Information:** The information in this form is to be provided by individuals and business seeking technical assistance services. The information is collected to help continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. The form should be submitted at the site of service to the advisor providing the service. Resource partners will submit information to SBA according to the terms of their notice of award. If you receive assistance from a Procurement Specialist at an APEX Accelerator, your name and contact information will be shared with the US Department of Defense, Office of Small Business Programs. DOD will not share or sell this information. Please note: The estimated burden for completing this form is 6 to 8 minutes.

Client Signature:**PLEASE SIGN HERE****Date:**

12. Participation in Surveys and SBA Communication: I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA Resource Partner services. Optional: Only check the box below if you want the SBDC to share your contact information with SBA: 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 ☐

13. Primary Counseling Sought (select 2-3 topics only)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Business Start-up/Preplanning (How do I start a small business?) | <input type="checkbox"/> Customer Relations | <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) | <input type="checkbox"/> eCommerce (using the Internet to do business) |
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Business Accounting/Budget | <input type="checkbox"/> Government Contracting (including certifications) | <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) |
| <input type="checkbox"/> Business Financing/Capital Sources (such as applying for a loan, equity capital) | <input type="checkbox"/> Business Financial/Cash Flow | <input type="checkbox"/> Disaster Planning/Recovery | <input type="checkbox"/> International Trade |
| <input type="checkbox"/> Business Operations/Management | <input type="checkbox"/> Tax Planning | <input type="checkbox"/> Cyber Security/Cyber Awareness | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Human Resources/Managing Employees | <input type="checkbox"/> Franchising | <input type="checkbox"/> Credit Counseling | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Buy/Sell Business | <input type="checkbox"/> Technology/Computers | | |
- Describe specific assistance requested in the space provided.

14. Race (mark one or more)

- | | |
|--|---|
| <input type="checkbox"/> Native American/Alaska Native | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> North African |
| | <input type="checkbox"/> White |

15. Ethnicity

- | |
|---|
| <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Not Hispanic or Latino |

16. Gender

- | |
|---------------------------------|
| <input type="checkbox"/> Male |
| <input type="checkbox"/> Female |

17. Do you consider yourself a person with a disability?☐ Yes ☐ No**18. Military Status**

- | | | |
|--|---|--|
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Member of the Reserve | <input type="checkbox"/> Member of National Guard |
| <input type="checkbox"/> No military service | <input type="checkbox"/> Service-Disabled Veteran | <input type="checkbox"/> Spouse of Military Member |
| | <input type="checkbox"/> Active Duty | |

Branch of Service _____

19. Referred by? (Mark all that apply) **Have you already spoken with the Alabama SBDC or APEX? Name:** _____

- | | | | | |
|---|--------------------------------|--|---|--|
| <input type="checkbox"/> SBA District | <input type="checkbox"/> SBDC | <input type="checkbox"/> Other Client | <input type="checkbox"/> Magazine/Newspaper | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lender | <input type="checkbox"/> SCORE | <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> USEAC |
| <input type="checkbox"/> Business Owner | <input type="checkbox"/> WBC | <input type="checkbox"/> Local Economic Development Official | <input type="checkbox"/> Television/Radio | <input type="checkbox"/> Boots to Business |
| <input type="checkbox"/> SBA Website | <input type="checkbox"/> VBOC | <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Internet (please indicate website) _____ | |

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

20. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, stop form is complete)		22. Are you currently exporting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please let your advisor know which countries, and ask to talk with an international trade specialist.	
21. Company/Business Name: _____			
23. Type of Business (choose primary category) <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Childcare <input type="checkbox"/> Utilities <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Information <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Retail Trade <input type="checkbox"/> Educational Services <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Transportation & Warehousing		24. Professional, Scientific & Technical Services 25. Management of Companies & Enterprises 26. Agriculture, Forestry, Fishing & Hunting 27. Administrative & Support 28. Waste Management & Remediation Services 29. Other Services (except Public Administration)	
24. Business Ownership – What percentage of your business is woman-owned? _____ % Woman-owned	25. Date Business Started?(MM/YYYY)	26. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	27. Are you a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No
28. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No			
29. Total No. of Employees (Full) _____ (Part) _____ 29b. Of total employees, how many are engaged in the exporting aspect of your business? (Full & PT) _____		30. For your most recent full business year, what were your: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____ 30b. Amount of your Gross Revenue/Sales related to exporting \$ _____	
31. Legal Entity <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____			