

**REQUEST FOR COUNSELING
(FORM 641)**



*Shaping
the Future of
Small Business*

SBDC OFFICE USE ONLY	
Center:	
Client ID:	
Type of Client:	
<input type="checkbox"/>	Face to face
<input type="checkbox"/>	Online
<input type="checkbox"/>	Telephone

PART I: Contact Information

Client Name (name of the person completing the form/representative of the business)
 Sal: First: MI: Last:

Email Address

Telephone Work: Home: Fax: Cell:

Street Address (business address if currently in business, home address if not in business)

City State Zip + 4 County

PART II: Client Intake (to be completed by client)

1. Gender
 Male
 Female

2. Race (mark one or more)
 Asian
 Black or African American
 Native American or Alaskan Native
 Native Hawaiian or Pacific Islander
 White or Caucasian

3. Hispanic Origin
 Hispanic or Latino
 Non-Hispanic or Latino

4. Veteran Status
 Service-Disabled Veteran
 Veteran
 Non-Veteran

5. Current Military Status
 Member of Reserve or National Guard
 On Active Duty
 None

6. Do you consider yourself a person with a disability?
 Yes
 No

7. Are you currently in business?
 Yes (Continue to 8 --->)
 No (Skip to 21)

8. When did you start your business? (dd/mm/yy)
 / /

9. Name of Business

10. Business Email Address

11. Business Website

12. Total number of employees
 Full time _____
 Part time _____

13. What percentage of your business is male or female ownership?
 _____ % Male
 _____ % Female

14. What is the veteran status of the ownership?
 Veteran
 Service-Disabled Veteran
 Non-Veteran

15. Are you 8(a) certified?
 Yes
 No

16. Type of Business (mark only one - primary business category)
 Accommodation & Food Services
 Administrative & Support
 Ag, Forestry, Fishing & Hunting
 Arts, Entertainment & Recreation
 Construction
 Educational Services
 Finance & Insurance
 Health Care & Social Assistance
 Information
 Management of Companies & Enterprises
 Manufacturing
 Mining
 Other Services (except Public Admin)
 Professional, Scientific & Technical Serv
 Public Administration
 Real Estate & Rental & Leasing
 Retail Trade
 Transportation & Warehousing
 Utilities
 Waste Management & Remediation Serv
 Wholesale Trade

17. What is the legal entity of your business?
 Corporation
 LLC
 Partnership
 Sole Proprietorship
 S-Corporation
 Other (specify) _____

18. Do you conduct business online?
 Yes
 No

19. Are you a home based business?
 Yes
 No

20. For your most recent full business year, what were your:
 Gross Revenue/Sales (\$) _____ Profit/Loss (\$) _____

21. What is the business' or aspiring business' primary product or service?

22. What prompted you to contact the MNSBDC? (mark all that apply)
 Bank/Lender
 Chamber of Commerce
 Educational Institution
 Internet/Website
 Local Economic Development Official
 Magazine/Newspaper
 Other Business Owner
 Other SBDC Client
 SBA District
 SBA Website
 Television/Radio
 Word of Mouth
 Other (specify) _____

23. What is the nature of counseling you are seeking? (mark only one - primary counseling category)
 Start-up Assistance (How do I start a business?)
 Business Plan Development
 Financing/Capital (e.g. applying for a loan, building equity capital)
 Marketing/Sales (e.g. promotion, market research, bring to market, pricing, etc.)
 Managing a Business
 Customer Relations
 Human Resources/Managing Employees
 Business Accounting/Budgets
 Cash Flow Management
 Tax Planning/Considerations
 Buy/Sell Business
 Government Contracting
 Franchising
 Technology/Computers
 eCommerce (using the Internet to do business)
 Legal Issues (e.g. Should I incorporate?)
 International Trade
 Other (specify) _____

24. Describe the specific issue or assistance requested

REQUEST FOR COUNSELING NOTICE TO CLIENTS

The information requested on the Request for Counseling Form (SBA Form 641) will assist the Minnesota SBDC in serving you and responding to sponsors' requests for information about SBDC performance. As a matter of law, SBDCs may not disclose the name, address, or telephone number of any individual or small business concern receiving assistance without the consent of such individual, unless specifically instructed to do so under court order or required by law. Except for signing this form you are not required to provide any of the requested information as a condition of receiving service. Other non-personal information you provide may be considered public. Please read the notices below for important information concerning data collected and used by the SBDC program and the U.S. Small Business Administration.

By signing this form you agree, if selected, to participate in surveys designed to evaluate the services and impact of the Minnesota SBDC program. Any information disclosed in such surveys will be held in strict confidence. **THE SBDC WILL NOT PROVIDE PERSONAL INFORMATION TO COMMERCIAL OR OTHER THIRD PARTY ENTITIES UNLESS REQUIRED TO BY LAW.** You may elect not to participate in surveys and informational mailings by initialing here:

_____ I do not wish to participate in surveys conducted to evaluate the services and impact of the Minnesota SBDC program. (DNR)

By signing this form you further understand that Minnesota SBDC counselors are prohibited from: 1) recommending goods or services from sources in which the counselor has an interest, and 2) accepting fees or commissions developing from the counseling relationship. In consideration of the counselor furnishing management or technical assistance, you waive all claims against the U.S. Small Business Administration, the Minnesota Small Business Development Center program, and that of its resource partners, any of its independent contractors and host organizations, and their personnel, arising from the assistance.

Notification of Federal and State Laws Pertaining to Data Collection and Use of Data:

To comply with legislation passed by the Congress and Executive Orders issued by the President, Federal executive agencies, including the Small Business Administration (SBA), must notify you of certain information. You can find the regulations and policies implementing these laws and Executive Orders in Title 13, Code of Federal Regulations (CFR), Chapter 1, or SBA's Standard Operating Procedures (SOPs). In order to provide the required notices, the following is a brief summary of the various federal laws and Executive Orders that affect SBA's entrepreneurial development programs, including the Minnesota Small Business Development Center program.

Paperwork Reduction Act (44 U.S.C. § 3501). The Minnesota Small Business Development Center, funded in part by the U.S. Small Business Administration (SBA), is collecting the information on this form in order to facilitate business assistance services to its clients and for agency analysis related to the operation and management of its entrepreneurial development programs. Periodically, the SBA may use some of the non-personal information collected on this form to produce summary reports for program and management analysis, as required by law. SBA also intends to use the individual client data to select participants for follow-up surveys designed to evaluate SBA assistance services, including the Minnesota SBDC.

PLEASE NOTE: The estimated burden for completing this information is 18 minutes. Your responses to the requested information are voluntary under these programs. If you have questions or comments concerning any aspect of this information, please contact the U.S. Small Business Administration Information Branch, Washington, DC 20416 and/or Desk Officer for the Small Business Administration, Office of Management and Budget, Office of Information Regulatory Affairs, 725 17th St., NW, Washington, DC 20503.

Privacy Requirements (15 U.S.C. § 648(a)). This law provides that an SBDC, consortium of SBDCs, or contractor or agent of an SBDC may not disclose the name, address, or telephone number of any individual or small business concern receiving assistance under 21(a) of the Small Business Act without the consent of such individual or small business concern, unless ordered to make such a disclosure by a court or for program audit purposes. In such cases such information is highly restricted in its use.

Freedom of Information Act (5 U.S.C. § 552). This law provides, with some exceptions, that SBA must supply information in its files and records to a person requesting it. This generally includes statistical data on SBA's business assistance programs, including the Minnesota SBDC, which are in aggregate. SBA does not make available a client's proprietary data without first doing pre-notification, as required by Executive Order 12600, or provide information that would cause competitive harm or constitute a clearly unwarranted invasion of personal privacy.

Address a request under this Act to the appropriate SBA office and identify it as a Freedom of Information Act request. For information about the Freedom of Information Act, contact Chief, Freedom of Information/Privacy Act Office, U.S. Small Business Administration, 409 3rd St., SW, Suite 5900, Washington, DC 20416.

Minnesota Data Practices Act (Minnesota Statutes Chapter 13). Under the Minnesota Data Practices Act, all information collected by government entities, including the Minnesota Small Business Development Centers, is public unless a specific law classifies it otherwise. Small Business Development Centers do not, as a matter of practice, disclose client information to third parties. You should be aware, however, that information you supply while a client of the Small Business Development Center may be considered public information under the Minnesota Data Practices Act and may need to be disclosed if a Data Practices Act request is made. Information you supply while a client of the Minnesota Small Business Development Center will be used by the counselor during the counseling relationship, and may be aggregated with data supplied by other clients to produce statistical reports. Individuals, or specific business information will not be identified in such reports. You are not legally required to supply the requested information, although your failure to fully disclose pertinent information may affect the outcome of the counseling.

Client Signature				Date	
SBDC OFFICE USE ONLY					
Counselor/Reviewer Signature				Date	
MIS Inputer	Primary Counselor	NAICS (6-digit)	Federal Cong District	State Rep District	State Senate District