



MASSACHUSETTS SMALL BUSINESS DEVELOPMENT CENTER
U.S. Small Business Administration
 Request for Counseling (SF641)



PLEASE PRINT

Contact Information		Business Information (If In Business)	
Lead Customer Name		Business Name	
Position Title		Business Address	
Home Address		Business City, State & Zip (plus 4)	
Home City, State & Zip (plus 4)		Business Telephone	
Home Telephone	Cell Phone	Business Fax	Other Phone (Cell)
Email Address		Website	
Date of Birth		Business Description	

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 discussed 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) agree to not: 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.

Client Signature: _____ Date: _____

Race (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty

Type of Business for which you are seeking assistance or contemplating starting: (Choose best category)

<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting	<input type="checkbox"/> Transportation & Warehousing	<input type="checkbox"/> Educational Services
<input type="checkbox"/> Mining	<input type="checkbox"/> Information	<input type="checkbox"/> Health Care & Social Assistance
<input type="checkbox"/> Utilities	<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Accommodation & Food Service
<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate & Rental & Leasing	<input type="checkbox"/> Arts, Entertainment & Recreation
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Professional, Scientific & Technical Services	<input type="checkbox"/> Other Services (except Public Administration)
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Management of Companies & Enterprises	<input type="checkbox"/> Public Administration
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Administrative & Support	<input type="checkbox"/> Waste Management & Remediation Services

What prompted you to contact us? (mark all that apply)

<input type="checkbox"/> Business Owner	<input type="checkbox"/> Lender	<input type="checkbox"/> Other Client	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Local Economic Dev. Official	<input type="checkbox"/> SBA District	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Magazine	<input type="checkbox"/> SBA Website	
<input type="checkbox"/> Internet	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Television/Radio	

What is the nature of the counseling you are seeking? (Choose primary category)

<input type="checkbox"/> Business Accounting/Budget	<input type="checkbox"/> Customer Relations	<input type="checkbox"/> Government Contracting	<input type="checkbox"/> Legal Issues
<input type="checkbox"/> Business Plan	<input type="checkbox"/> eCommerce	<input type="checkbox"/> Human Resources/Managing Employees	<input type="checkbox"/> Marketing/Sales
<input type="checkbox"/> Buy/Sell Business	<input type="checkbox"/> Financing/Capital	<input type="checkbox"/> International Trade	<input type="checkbox"/> Tax Planning
<input type="checkbox"/> Cash Flow Management	<input type="checkbox"/> Franchising	<input type="checkbox"/> Managing A Business	<input type="checkbox"/> Technology/Computers

Describe specific assistance requested in the space provided:

If you came to the SBDC seeking financing for a proposed or existing business, please check

Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No* (*If No, stop here)	If Yes, month & year business started: _____
Business Ownership: What percentage of your business is male or female owned? _____ % Male _____ % Female	
Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of employees: Full-Time _____ Part-Time _____	For the most recent full business year, what were your: Gross Revenue/Sales \$ _____ +Profits/-Losses \$ _____
	What is the legal entity of your business? <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other