North Texas Small Business Development Centers SBDC Client Intake Form

CLIENT NAME (Last, First, MI)	EMAIL
POSITION ☐Owner/Sole Proprietorship ☐Employee ☐President ☐Vice-President ☐Partner ☐Other: _____	
WORK PHONE	CELL PHONE
HOME PHONE	FAX
MAILING ADDRESS	CITY, STATE, ZIP CODE

GENDER	RACE (mark one or more)	ETHNICITY	VETERAN STATUS	RESERVIST STATUS	DO YOU HAVE A DISABILITY?
☐Male ☐Female	☐Asian ☐Native Hawaiian or Pacific Islander ☐Black or African American ☐Native American or Alaska Native ☐White	☐Non-Hispanic ☐Hispanic	☐Non-Veteran ☐Service-Disabled ☐Veteran Veteran	☐None ☐National Guard ☐National Guard - Active Duty ☐Reservist ☐Reservist - Active Duty	☐Yes ☐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 SIZE	BUSINESS LEGAL ENTITY	HOME-BASED?	8 (A) CERTIFIED	SBA RELATIONSHIP
Business ownership gender ☐Male ☐Female ☐Male/Female Owners	☐Disadvantaged - Small ☐Large ☐Minority Owned - Small ☐Other Small	☐Sole Proprietorship ☐Partnership ☐S-Corporation ☐LLC ☐Corporation	☐Yes ☐No DO YOU CONDUCT YOUR BUSINESS ONLINE? ☐Yes ☐No	☐Yes ☐No	☐Applicant ☐Borrower ☐COC ☐Procurement Assistance ☐Technical Assistance

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	FOR THE MOST RECENT FULL BUSINESS YEAR, PLEASE PROVIDE
_____ Full Time _____ Part Time How many are engaged in the exporting aspect of the business? _____	Gross Revenue/Sales (GRS) $_____ +Profits/-Losses $_____

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