



GREATER KNOXVILLE SCORE

U. S. Small Business Administration

Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 09/30/2006

Client Number:
Location Code:
Initials of Data Inputter:

1. Name of the Office Providing the Service **Greater Knoxville SCORE Chapter** 1a. Type of Client: Face to Face Online Telephone
 2. City/State of Office Location **412 N. Cedar Bluff Rd Knoxville, Tennessee 37923**

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)	4. Email
5. Telephone Primary () Secondary ()	6. Fax ()
7. Street Address/PO Box (give business address if currently in business)	8. City 9. State 10. Zip +4
<p>11. 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 <input type="checkbox"/> No <input type="checkbox"/>). 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.</p>	
12. Preferred date & time for appointment Date: Time:	13. Client Signature Today's Date

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

14. Race (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	15. Ethnicity <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin	16. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	17. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
18. Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran	18a. Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty																										
19. What inspired you to contact us? (mark all that apply) <input type="checkbox"/> SBA <input type="checkbox"/> Other Client <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Bank <input type="checkbox"/> Magazine <input type="checkbox"/> Educational Institution <input type="checkbox"/> Business Owner <input type="checkbox"/> Internet <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> Television/Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth																											
20. Is the client currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30)	21. Name of Company																										
22. Type of Business (choose primary category) <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Mining</td> <td style="width: 25%;"><input type="checkbox"/> Manufacturing</td> <td style="width: 25%;"><input type="checkbox"/> Professional, Scientific & Technical Services</td> <td style="width: 25%;"><input type="checkbox"/> Management of Companies & Enterprises</td> </tr> <tr> <td><input type="checkbox"/> Utilities</td> <td><input type="checkbox"/> Finance & Insurance</td> <td><input type="checkbox"/> Real Estate & Rental & Leasing</td> <td><input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting</td> </tr> <tr> <td><input type="checkbox"/> Information</td> <td><input type="checkbox"/> Wholesale Trade</td> <td><input type="checkbox"/> Health Care & Social Assistance</td> <td><input type="checkbox"/> Administrative & Support</td> </tr> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Public Administration</td> <td><input type="checkbox"/> Accommodation & Food Services</td> <td><input type="checkbox"/> Waste Management & Remediation Services</td> </tr> <tr> <td><input type="checkbox"/> Retail Trade</td> <td><input type="checkbox"/> Educational Services</td> <td><input type="checkbox"/> Arts, Entertainment & Recreation</td> <td><input type="checkbox"/> Other Services (except Public Administration)</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Transportation & Warehousing</td> <td></td> </tr> </table>				<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Professional, Scientific & Technical Services	<input type="checkbox"/> Management of Companies & Enterprises	<input type="checkbox"/> Utilities	<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Real Estate & Rental & Leasing	<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting	<input type="checkbox"/> Information	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Health Care & Social Assistance	<input type="checkbox"/> Administrative & Support	<input type="checkbox"/> Construction	<input type="checkbox"/> Public Administration	<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Waste Management & Remediation Services	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Arts, Entertainment & Recreation	<input type="checkbox"/> Other Services (except Public Administration)			<input type="checkbox"/> Transportation & Warehousing	
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23. Business Ownership – What percentage of your business is male or female ownership? _____ % Male _____ % Female	24. Month & Year Business Started?	25. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. Is this a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
27. Total No. of Employees (full & part time)	28. For your most recent full business year, what were your: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____	29. What is the legal entity of your business? <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) _____																									
30. What is the nature of counseling you are seeking? (Choose primary category) <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Start-up Assistance (How do I start a small business?)</td> <td style="width: 25%;"><input type="checkbox"/> Human Resources/ Managing Employees</td> <td style="width: 25%;"><input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.)</td> <td style="width: 25%;"><input type="checkbox"/> Technology/Computers</td> </tr> <tr> <td><input type="checkbox"/> Business Plan</td> <td><input type="checkbox"/> Customer Relations</td> <td><input type="checkbox"/> Government Contracting (including certifications)</td> <td><input type="checkbox"/> eCommerce (using the Internet to do business)</td> </tr> <tr> <td><input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital)</td> <td><input type="checkbox"/> Business Accounting/ Budget</td> <td><input type="checkbox"/> Franchising</td> <td><input type="checkbox"/> Legal Issues (such as, Should I incorporate?)</td> </tr> <tr> <td><input type="checkbox"/> Managing a Business</td> <td><input type="checkbox"/> Cash Flow Management</td> <td><input type="checkbox"/> Buy/Sell Business</td> <td><input type="checkbox"/> International Trade</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Tax Planning</td> <td></td> <td></td> </tr> </table> <p>Describe specific assistance requested in the space provided. _____ _____</p>				<input type="checkbox"/> Start-up Assistance (How do I start a small business?)	<input type="checkbox"/> Human Resources/ Managing Employees	<input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.)	<input type="checkbox"/> Technology/Computers	<input type="checkbox"/> Business Plan	<input type="checkbox"/> Customer Relations	<input type="checkbox"/> Government Contracting (including certifications)	<input type="checkbox"/> eCommerce (using the Internet to do business)	<input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital)	<input type="checkbox"/> Business Accounting/ Budget	<input type="checkbox"/> Franchising	<input type="checkbox"/> Legal Issues (such as, Should I incorporate?)	<input type="checkbox"/> Managing a Business	<input type="checkbox"/> Cash Flow Management	<input type="checkbox"/> Buy/Sell Business	<input type="checkbox"/> International Trade		<input type="checkbox"/> Tax Planning						
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