



Jacksonville Regional Chamber of Commerce Small Business Center



1. Name of the Office Providing the Service _____ 2. Type of Client: Face to Face Online Telephone
 3. Jacksonville Regional Chamber of Commerce Member yes no 3a. Certified City of Jacksonville JSEB/MBE Program yes no

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. Client Signature		Date:	

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

13. 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 <input type="checkbox"/> Other Multi-racial		14. Ethnicity <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin		15. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		16. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran			18. 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) <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Utilities <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Information <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Retail Trade <input type="checkbox"/> Educational Services <input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Waste Management & Remediation Services <input type="checkbox"/> Other Services (except Public Administration)							
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) <input type="checkbox"/> Start-up Assistance (How do I start a small business?) <input type="checkbox"/> Business Plan <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Customer Relations <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Tax Planning <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> Franchising <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> Technology/Computers <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> International Trade							



Thank you for using the *Small Business Center* for assistance with your business ideas. All of the partners here will do their best to assist you in becoming a more successful business owner.

Please spend a few minutes to fill out this form. This information will allow us to better meet your needs. All of the information that is collected will remain confidential.

Please provide us your Household Information.

<u>Family Size</u>	<u>Total Estimated Annual Income</u>
<input type="checkbox"/> 1	<input type="checkbox"/> \$5,000 to \$10,000
<input type="checkbox"/> 2	<input type="checkbox"/> \$10,000 to \$15,000
<input type="checkbox"/> 3	<input type="checkbox"/> \$15,000 to \$20,000
<input type="checkbox"/> 4	<input type="checkbox"/> \$20,000 to \$30,000
<input type="checkbox"/> 5	<input type="checkbox"/> \$30,000 to \$40,000
<input type="checkbox"/> 6	<input type="checkbox"/> \$40,000 to \$50,000
<input type="checkbox"/> 7	<input type="checkbox"/> \$50,000 to \$60,000
<input type="checkbox"/> 8 or more	<input type="checkbox"/> \$63,700 or more

Are you the head of household? Yes No

May we use your name and/or business for publicity purposes? Yes No

Please remember to sign your name on line 12 on the front page.

Thank you for your cooperation, we look forward to assisting you in your business ventures.