

Request for Counseling*



Confidential Counseling Resources in All Aspects of Business Management and Marketing
In order that your counselor may be better prepared to meet your needs, please complete this request form *before* your appointment. Responses to all questions are confidential. We request this information to more effectively respond to your business development needs.

Have you previously received assistance from the SBDC? Yes No

Referral Source: Internet Newspaper Chamber Banker Radio TV Trade Journal
 Referral Iowa Women's Enterprise Center

Referral Name: _____

Name: _____
Last First Middle

Social Security Number: _____ - _____ - _____

Company Name (if applicable): _____

Job Title: _____ Federal EIN (if applicable): _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____

Work Phone: (____) _____ Home Phone: (____) _____ FAX: (____) _____

E-mail Address: _____ Web site: _____

Gender: M F Ethnic Background: African American American Indian/Alaskan Native Hispanic
 Asian Caucasian Hawaiian/ Pacific Islander Other

Veteran Status: Veteran Vietnam Veteran Not a Veteran Disabled Veteran

Business Information: Existing Business Pre-Venture Purchasing a Business

Type of Ownership: Sole Proprietor Partnership S Corporation Limited Liability Non-profit C Corporation

Annual Gross Sales: \$ _____ For year: _____ SBA Relationship: Borrower Applicant None

Number of Employees (including owner): Full Time _____ Part Time _____

Year Founded: _____ NAIC1: _____ NAIC2: _____ NAIC3: _____ NAIC4: _____

In the past two years have you received : Aid to Families with Dependant Children Yes No
Temporary Assistance to Needy Families Yes No

Brief Description of the Business or Business Idea (Use the back of form if necessary)

How can the SBDC help you? (Use the back of form if necessary)

Check if any apply: Family Business Home-Based Business Iowa Women's Enterprise Center

Hold Harmless Confirmation

I request business management counseling from the Small Business Development Center. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBDC assistance services. I authorize SBDC to furnish relevant information to the assigned management counselor(s) although I expect that information to be held in strict confidence by him/her. I have read and understand Disclaimer provided by the US Small Business Administration.

I further understand that any counselor has agreed 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 SBDC's furnishing management or technical assistance, I waive all claims against SBDC personnel, SCORE, SBA and its host organizations, and other SBDC Resource Counselors arising from this assistance.

I agree to let the Iowa SBDC furnish my name for reporting purposes to partner agencies who will in turn keep my information in strict confidence.

Signature of Requestor _____

Date _____

* In compliance with Iowa Code Section 22.11, the "Iowa Fair Information Practices Act," the Iowa Small Business Development Center (SBDC) requests this information for the purpose of rendering or evaluating SBDC services. No persons outside the Iowa SBDC and U.S Small Business Administration are routinely provided this information. Release of this information is governed by the U.S. Small Business Administration rules and applicable state and federal statutes. If you fail to provide the required information, the SBDC may elect not to provide business counseling services. (SBDC 8/00)