

**REQUEST FOR COUNSELING  
(FORM 641)**



*Shaping  
the Future of  
Small Business*

SBDC OFFICE USE ONLY	
Center:	
Client ID:	
Type of Client:	
<input type="checkbox"/>	Face to face
<input type="checkbox"/>	Online
<input type="checkbox"/>	Telephone

**PART I: Contact Information**

Client Name (name of the person completing the form/representative of the business)  
 Sal: First: MI: Last:

Email Address

Telephone Work: Home: Fax: Cell:

Street Address (business address if currently in business, home address if not in business)

City State Zip + 4 County

**PART II: Client Intake (to be completed by client)**

<b>1. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>2. Race (mark one or more)</b> <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 Pacific Islander <input type="checkbox"/> White or Caucasian	
<b>3. Hispanic Origin</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino		<b>4. Veteran Status</b> <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	
<b>5. Current Military Status</b> <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty <input type="checkbox"/> None		<b>6. Do you consider yourself a person with a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>7. Are you currently in business?</b> <input type="checkbox"/> Yes (Continue to 8 --->) <input type="checkbox"/> No (Skip to 21)		<b>8. When did you start your business? (dd/mm/yy)</b> / /	
<b>9. Name of Business</b>		<b>10. Business Email Address</b>	
<b>11. Business Website</b>		<b>12. Total number of employees</b> _____ Full time _____ Part time	
<b>13. What percentage of your business is male or female ownership?</b> _____ % Male _____ % Female		<b>14. What is the veteran status of the ownership?</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Non-Veteran	
<b>15. Are you 8(a) certified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>16. Type of Business (mark only one - primary business category)</b> <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Ag, Forestry, Fishing & Hunting <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Construction <input type="checkbox"/> Educational Services <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Information <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Manufacturing <input type="checkbox"/> Mining <input type="checkbox"/> Other Services (except Public Admin) <input type="checkbox"/> Professional, Scientific & Technical Serv <input type="checkbox"/> Public Administration <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Utilities <input type="checkbox"/> Waste Management & Remediation Serv <input type="checkbox"/> Wholesale Trade	
<b>17. What is the legal entity of your business?</b> <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Other (specify) _____		<b>18. Do you conduct business online?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>19. Are you a home based business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>20. For your most recent full business year, what were your:</b> Gross Revenue/Sales (\$) _____ Profit/Loss (\$) _____	
<b>21. What is the business' or aspiring business' primary product or service?</b> _____			
<b>22. What prompted you to contact the MNSBDC? (mark all that apply)</b> <input type="checkbox"/> Bank/Lender <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Educational Institution <input type="checkbox"/> Internet/Website <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Other Business Owner <input type="checkbox"/> Other SBDC Client <input type="checkbox"/> SBA District <input type="checkbox"/> SBA Website <input type="checkbox"/> Television/Radio <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other (specify) _____			
<b>23. What is the nature of counseling you are seeking? (mark only one - primary counseling category)</b> <input checked="" type="checkbox"/> Start-up Assistance (How do I start a business?) <input type="checkbox"/> Business Plan Development <input type="checkbox"/> Financing/Capital (e.g. applying for a loan, building equity capital) <input type="checkbox"/> Marketing/Sales (e.g. promotion, market research, bring to market, pricing, etc.) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Customer Relations <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Business Accounting/Budgets <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Tax Planning/Considerations <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> Government Contracting <input type="checkbox"/> Franchising <input type="checkbox"/> Technology/Computers <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Legal issues (e.g. Should I incorporate?) <input type="checkbox"/> International Trade <input type="checkbox"/> Other (specify) _____			
<b>24. Describe the specific issue or assistance requested</b> _____			

## REQUEST FOR COUNSELING NOTICE TO CLIENTS

The information requested on the Request for Counseling Form (SBA Form 641) will assist the Minnesota SBDC in serving you and responding to sponsors' requests for information about SBDC performance. As a matter of law, SBDCs may not disclose the name, address, or telephone number of any individual or small business concern receiving assistance without the consent of such individual, unless specifically instructed to do so under court order or required by law. Except for signing this form you are not required to provide any of the requested information as a condition of receiving service. Other non-personal information you provide may be considered public. Please read the notices below for important information concerning data collected and used by the SBDC program and the U.S. Small Business Administration.

By signing this form you agree, if selected, to participate in surveys designed to evaluate the services and impact of the Minnesota SBDC program. Any information disclosed in such surveys will be held in strict confidence. **THE SBDC WILL NOT PROVIDE PERSONAL INFORMATION TO COMMERCIAL OR OTHER THIRD PARTY ENTITIES UNLESS REQUIRED TO BY LAW.** You may elect not to participate in surveys and informational mailings by initialing here:

\_\_\_\_\_ I do not wish to participate in surveys conducted to evaluate the services and impact of the Minnesota SBDC program. (DNR)

By signing this form you further understand that Minnesota SBDC counselors are prohibited from: 1) recommending goods or services from sources in which the counselor has an interest, and 2) accepting fees or commissions developing from the counseling relationship. In consideration of the counselor furnishing management or technical assistance, you waive all claims against the U.S. Small Business Administration, the Minnesota Small Business Development Center program, and that of its resource partners, any of its independent contractors and host organizations, and their personnel, arising from the assistance.

### Notification of Federal and State Laws Pertaining to Data Collection and Use of Data:

To comply with legislation passed by the Congress and Executive Orders issued by the President, Federal executive agencies, including the Small Business Administration (SBA), must notify you of certain information. You can find the regulations and policies implementing these laws and Executive Orders in Title 13, Code of Federal Regulations (CFR), Chapter 1, or SBA's Standard Operating Procedures (SOPs). In order to provide the required notices, the following is a brief summary of the various federal laws and Executive Orders that affect SBA's entrepreneurial development programs, including the Minnesota Small Business Development Center program.

**Paperwork Reduction Act (44 U.S.C. § 3501).** The Minnesota Small Business Development Center, funded in part by the U.S. Small Business Administration (SBA), is collecting the information on this form in order to facilitate business assistance services to its clients and for agency analysis related to the operation and management of its entrepreneurial development programs. Periodically, the SBA may use some of the non-personal information collected on this form to produce summary reports for program and management analysis, as required by law. SBA also intends to use the individual client data to select participants for follow-up surveys designed to evaluate SBA assistance services, including the Minnesota SBDC.

**PLEASE NOTE:** The estimated burden for completing this information is 18 minutes. Your responses to the requested information are voluntary under these programs. If you have questions or comments concerning any aspect of this information, please contact the U.S. Small Business Administration Information Branch, Washington, DC 20416 and/or Desk Officer for the Small Business Administration, Office of Management and Budget, Office of Information Regulatory Affairs, 725 17th St., NW, Washington, DC 20503.

**Privacy Requirements (15 U.S.C. § 648(a)).** This law provides that an SBDC, consortium of SBDCs, or contractor or agent of an SBDC may not disclose the name, address, or telephone number of any individual or small business concern receiving assistance under 21(a) of the Small Business Act without the consent of such individual or small business concern, unless ordered to make such a disclosure by a court or for program audit purposes. In such cases such information is highly restricted in its use.

**Freedom of Information Act (5 U.S.C. § 552).** This law provides, with some exceptions, that SBA must supply information in its files and records to a person requesting it. This generally includes statistical data on SBA's business assistance programs, including the Minnesota SBDC, which are in aggregate. SBA does not make available a client's proprietary data without first doing pre-notification, as required by Executive Order 12600, or provide information that would cause competitive harm or constitute a clearly unwarranted invasion of personal privacy.

Address a request under this Act to the appropriate SBA office and identify it as a Freedom of Information Act request. For information about the Freedom of Information Act, contact Chief, Freedom of Information/Privacy Act Office, U.S. Small Business Administration, 409 3rd St., SW, Suite 5900, Washington, DC 20416.

**Minnesota Data Practices Act (Minnesota Statutes Chapter 13).** Under the Minnesota Data Practices Act, all information collected by government entities, including the Minnesota Small Business Development Centers, is public unless a specific law classifies it otherwise. Small Business Development Centers do not, as a matter of practice, disclose client information to third parties. You should be aware, however, that information you supply while a client of the Small Business Development Center may be considered public information under the Minnesota Data Practices Act and may need to be disclosed if a Data Practices Act request is made. Information you supply while a client of the Minnesota Small Business Development Center will be used by the counselor during the counseling relationship, and may be aggregated with data supplied by other clients to produce statistical reports. Individuals, or specific business information will not be identified in such reports. You are not legally required to supply the requested information, although your failure to fully disclose pertinent information may affect the outcome of the counseling.

Client Signature				Date	
<b>SBDC OFFICE USE ONLY</b>					
Counselor/Reviewer Signature				Date	
MIS Inputer	Primary Counselor	NAICS (6-digit)	Federal Cong District	State Rep District	State Senate District