

ILLINOIS SMALL BUSINESS DEVELOPMENT CENTER NETWORK

REQUEST FOR COUNSELING

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Highlighted Areas for Office Use Only

Name of Company		Client's Name		Position		
Business Owner? Yes ___ No ___	E-Mail: Website:	Work Telephone () -	Home Telephone () -	FAX Number () -		
Business Size ___ Disadvantaged Small ___ Woman-Owned Small ___ Disadvantaged SBA 8 (a) Small ___ Minority- Owned Small ___ Other Small ___ Large		Business Type ___ Manufacturer/Producer ___ Construction Concern ___ Service Establishment ___ Research/Devel. ___ Retail Dealer (Type I) ___ Surplus Dealer ___ Retail Dealer (Type II) ___ Not in Business ___ Wholesale Dealer (Type I) ___ Wholesale Dealer (Type II)		Organization Type ___ Individual ___ Corporation ___ Partnership ___ Limited Liability Co. ___ Non-profit Org ___ Sub S Corporation State of Incorporation		
Mailing Address		City	State	ZIP Code	County	
Primary Counselor		State Senate District #	State Rep. #	Ward (CHI)	US Congressional District #	
International Trade? Yes ___ No ___	Disabled? Yes ___ No ___	Business Established ___/___/___		Number of Employees Full Time ___ Part Time ___		
Ethnic Group ___ Native American/Alaskan Native ___ Asian ___ Native Hawaiian/Pacific Islander ___ Black/African American ___ White		Hispanic? ___ Yes ___ No	Military Status ___None ___ Veteran ___ Vietnam-Era Veteran ___ Disabled Veteran ___ Disabled Vietnam Veteran ___ Service-Disabled Veteran		SBA Client Type ___None ___8(a) Client ___Borrower ___8(a) Borrower ___Applicant ___8(a) Surety Bond ___COC ___Surety Bond ___ Hub Zone	
Business Status ___ Pre-venture ___ In Business Miscellaneous ___ Home-Based Business ___ Received Aid to Families with Dependent Children (AFDC) ___ Received Temporary Assistance for Needy Families (TANF)		Referral From: ___ Accountant ___ Media-TV/Radio ___ Advertising/Marketing ___ Network Agency ___ Bank ___ Newspapers ___ Chamber of Commerce ___ PTAC Program ___ Client/Word-of-Mouth ___ SBA ___ College/University ___ SBDC ___ Government Agency ___ SCORE ___ Faculty ___ Training Seminar ___ Legal Counselor ___ Yellow Pages ___ Local EDC ___ Other		Referral To: ___ Accountant ___ Legal Counselor ___ Bank ___ Local EDC ___ Business License Office ___ PTAC Program ___ Chamber of Commerce ___ SBA ___ College/University ___ SBDC ___ Coop. Extension ___ SCORE ___ Counseling ___ Training Seminar ___ Government Agency ___ Other ___ International Trade Office		
Empowerment Zone ___ Yes ___ No		Day Care Initiative ___ Yes ___ No		IL Product Logo Use ___ Yes ___ No		
IL Main Street Client ___ Yes ___ No		IL Dept Human Services # _____				
Std. Ind. Classifications (SICs)	Prod. Svc. Codes (PSCs)	NAICSs	CAGE	DUNS	HARMONIZED	
Product/Service Description						
Have you visited another center? ___ Yes ___ No			If so, which one?			

* Please review and sign reverse side

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 our Standard Operating Procedures (SOPs). In order to provide the required notices, the following is a brief summary of the various laws and Executive Orders that affect SBA’s entrepreneurial development programs.

Paperwork Reduction Act (44 U.S.C. § 3501)

SBA is collecting the information on this form in order to facilitate business assistance services to its clients and for agency analyses related to the operation and management of the entrepreneurial development programs. Periodically, the SBA may use the 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.

PLEASE NOTE: The estimated burden for completing this information is 3 minutes. Your responses to the requested information are voluntary under these programs. You are not required to respond to the questions on this form if it does not display a currently valid OMB control number. 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 Act (5 U.S.C. § 552)

Any Person can request to see or get copies of any personal information that SBA has in the requestor’s file, when that file is retrieved by individual identifiers, such as name or social security number. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Note: Any person concerned with the collection, use and disclosure of information, under the Privacy Act may contact the Chief, Freedom of Information/Privacy Act office, U. S. Small Business Administration, Suite 5900, 409 3rd St., SW, Washington, DC 20416 for information about the Agency’s procedures relating to the Privacy Act and FOIA.

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, which are in the aggregate. SBA does not routinely make available a client’s proprietary data (without first doing pre-notification, as required by Executive Order 12600), or 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.

Agreement:

“I request business management counseling from a Small Business Administration resource partner, the Small Business Development Center. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA assistance services. I understand that any information received by an SBA resource partner counselor will be held in strict confidence by the counselor to the extent allowable by law.

I further understand that SBA resource partner counselors have agreed not to: (1) recommend goods or services from sources in which the individual counselor has an interest; and (2) accept fees or commissions developing from any SBA resource partner counselors. In consideration of the provision of management and/or technical assistance by a resource partner counselor, I agree to waive all claims arising out of this assistance, against SBA personnel, the resource partner from whom I sought assistance, its host organizations, and the counselor(s) arising from this assistance.”

Client Signature*	Date
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