

**Client Intake Form**  
**South-West Texas Border Network**  
**Small Business Development Centers**

<b>Contact Name</b> (Last, First, MI of the person completing the form/representing the business)		<b>Email</b> <small>Check here if you DO NOT want to receive emails from SBDC [ ]</small>	
<b>Mailing Address</b> (give business address if currently in business)		<b>City, State, Zip Code</b> (+4 if known)	
<b>Work Phone</b>		<b>Cell Phone</b>	
<b>Race</b> (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American or Alaska Native		<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Military/Veteran Status</b> <input type="checkbox"/> None <input type="checkbox"/> Military Spouse <input type="checkbox"/> Choose Not To Respond <input type="checkbox"/> Active Duty <input type="checkbox"/> Non-Veteran <input type="checkbox"/> National Guard <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> National Guard – Active Duty <input type="checkbox"/> Veteran or Retiree <input type="checkbox"/> Reservist <input type="checkbox"/> Reservist – Active Duty		<b>Do you consider yourself a person with a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>How did you hear about us?</b> (Please mark all that apply) <input type="checkbox"/> Lender <input type="checkbox"/> Local EDC Official <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> PTAC <input type="checkbox"/> VBOC <input type="checkbox"/> Other:		<input type="checkbox"/> SBDC Client <input type="checkbox"/> Word of Mouth <input type="checkbox"/> College/University <input type="checkbox"/> SBA Website or District Office <input type="checkbox"/> Chamber of Commerce	
<b>What area(s) of business would you like to explore with your SBDC Business Advisor?</b>			
<b>Are you currently in business?</b> <input type="checkbox"/> YES Please indicate month/year established: _____ <input type="checkbox"/> NO (Please skip shaded area & sign form at bottom) If you are in business, <u>but you want to explore a new/different business</u> , please describe: _____			
<b>Company Name:</b> _____ (If address of the business is different than above, please indicate below)			
<b>Street:</b> _____ <b>City, State, Zip</b> (+4 if known) _____			
<b>Type of Business</b> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Construction <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Other: _____			
<b>Description:</b> _____ <b>NAICS Code(s):</b> _____			
<b>Business Ownership</b> What is the gender of <u>business</u> ownership? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male and Female owned	<b>Do you conduct business online?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is this a home-based business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you 8(a) certified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
<b>SBA Relationship</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Borrower <input type="checkbox"/> COC <input type="checkbox"/> Procurement Assistance <input type="checkbox"/> Technical Assistance	<b>Total # Employees:</b> _____ Full-time _____ Part-time		
<b>For your most recent full business year, what were your Gross Revenues (Sales)?</b> \$ _____		<b>What is the legal entity of your business?</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____	
<b>What is your position?</b> <input type="checkbox"/> Owner of Sole Proprietorship <input type="checkbox"/> Employee <input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____			
<b>Are you currently exporting?</b> <input type="checkbox"/> Yes. Please list the countries below or <b>check Appendix A.</b> <input type="checkbox"/> No <input type="checkbox"/> Not yet, but I'm interested. Countries: _____ How many employees are engaged in the exporting aspect of business? _____ Subset of sales related to exporting? _____			
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 No ). I understand that any information disclosed will be held in strict confidence, said information including but not limited to confidential and proprietary information in any form whatsoever, including oral written and machine readable form. (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. Use of information: The information in this form is to be provided by individuals and business seeking technical assistance services from the Small Business Administration (SBA) or an SBA Resource Partner. The information is collected to help SBA's continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. The form should be submitted at the site of service to the counselor providing the service. Resource Partners will submit information to SBA according to the terms of their notice of award. I self-certify that neither I nor my company have been suspended or debarred by a federal agency.			
<b>Client Signature:</b>		<b>Date:</b>	
<b>For Internal Use - Primary Advisor:</b> <input type="checkbox"/> Alumni (of host institution) <input type="checkbox"/> HEB <input type="checkbox"/> Growth Business <input type="checkbox"/> SBIR/STTR <input type="checkbox"/> Hub Zone <input type="checkbox"/> Amazon <input type="checkbox"/> 8 M Woman-Owned Small Business <input type="checkbox"/> Empowerment Zone <input type="checkbox"/> Colonia <input type="checkbox"/> Shale Gas/Oil Play <input type="checkbox"/> Opportunity Zone		<b>Client ID:</b> <b>Initial Client Session Type:</b> <input type="checkbox"/> Face-To-Face <input type="checkbox"/> Online <input type="checkbox"/> Phone	