

REQUEST FOR COUNSELING FORM

A. NAME OF COMPANY		B. CONTACT PERSON		C. TELEPHONE	
				WORK ()	
				HOME ()	
		EMAIL:		MOBILE ()	
				FAX ()	
D. ADDRESS		E. CITY		F. STATE	
G. ZIP		H. COUNTY			
I. CURRENTLY IN BUSINESS?		<input type="checkbox"/> YES <input type="checkbox"/> NO		J. OWNERSHIP	
DATE STARTED:				<input type="checkbox"/> FEMALE	
NUMBER OF YEARS IN BUSINESS:				<input type="checkbox"/> MALE	
HOME-BASED BUSINESS?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> JOINT FEMALE/MALE	
L. BUSINESS TYPE		M. SBA RELATIONSHIP		K. LEGAL FORM OF ORGANIZATION	
<input type="checkbox"/> CONSTRUCTION		<input type="checkbox"/> WHOLESALE		<input type="checkbox"/> INDIVIDUAL	
<input type="checkbox"/> FRANCHISE		<input type="checkbox"/> NOT IN BUSINESS		<input type="checkbox"/> PARTNERSHIP	
<input type="checkbox"/> HOME-BASED BUSINESS		# EMPLOYEES		<input type="checkbox"/> NONPROFIT	
<input type="checkbox"/> MANUFACTURER OR PRODUCER		FULL TIME: _____		<input type="checkbox"/> LLC	
<input type="checkbox"/> RESEARCH & DEVELOPMENT		PART TIME: _____		<input type="checkbox"/> C CORPORATION	
<input type="checkbox"/> RETAIL		ANNUAL SALES: _____		<input type="checkbox"/> S CORPORATION	
<input type="checkbox"/> SERVICE		\$		N. BUSINESS STATUS	
				<input type="checkbox"/> UNKNOWN	
				<input type="checkbox"/> PRE-VENTURE	
				<input type="checkbox"/> IN BUSINESS	
O. BRIEF DESCRIPTION OF BUSINESS (REQUIRED)					
P. AREA(S) IN WHICH YOU REQUEST ASSISTANCE			Q. HOW DID YOU HEAR ABOUT OUR SERVICES?		
<input type="checkbox"/> ACCOUNTING & RECORDS			<input type="checkbox"/> BANK		
<input type="checkbox"/> BUY/SELL BUSINESS			<input type="checkbox"/> CHAMBER		
<input type="checkbox"/> BUSINESS START-UP			<input type="checkbox"/> CLIENT		
<input type="checkbox"/> BUSINESS PLAN			<input type="checkbox"/> UNIVERSITY		
<input type="checkbox"/> COMPUTER SYSTEMS			<input type="checkbox"/> INTERNET		
<input type="checkbox"/> ENGINEERING/R&D			<input type="checkbox"/> MAGAZINE		
<input type="checkbox"/> ENVIRONMENTAL			<input type="checkbox"/> NEWSPAPER		
<input type="checkbox"/> FINANCIAL ANALYSIS			<input type="checkbox"/> RADIO		
<input type="checkbox"/> FRANCHISE			<input type="checkbox"/> SBA		
<input type="checkbox"/> GOVERNMENT PROCUREMENT			<input type="checkbox"/> TELEVISION		
<input type="checkbox"/> INTERNATIONAL TRADE			<input type="checkbox"/> YELLOW PAGES		
<input type="checkbox"/> INVENTORY CONTROL			<input type="checkbox"/> OTHER (SPECIFY)		
<input type="checkbox"/> MARKETING/SALES					
<input type="checkbox"/> HUMAN RESOURCES					
<input type="checkbox"/> SOURCES OF CAPITAL					
<input type="checkbox"/> TECHNOLOGY					
<input type="checkbox"/> OTHER (SPECIFY BELOW)					
S. ETHNIC GROUP		T. VETERAN STATUS		R. LEGISLATORS	
<input type="checkbox"/> NATIVE AMERICAN		<input type="checkbox"/> NON-VETERAN		US REPRESENTATIVE & DISTRICT #	
<input type="checkbox"/> ASIAN		<input type="checkbox"/> VETERAN			
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN		<input type="checkbox"/> SERVICE-DISABLED		STATE REPRESENTATIVE & DISTRICT #	
<input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER		MILITARY STATUS			
<input type="checkbox"/> OTHER MINORITY (SPECIFY)		<input type="checkbox"/> RESERVIST		STATE SENATOR & DISTRICT #	
<input type="checkbox"/> WHITE (NOT OF HISPANIC ORIGIN)		<input type="checkbox"/> NATIONAL GUARD			
<input type="checkbox"/> WHITE (OF HISPANIC ORIGIN)		<input type="checkbox"/> ACTIVE DUTY			
U. DISABLED?		V. IN THE LAST TWO YEARS HAVE YOU RECEIVED?		UNIV. OF SCRANTON ALUMNI?	
<input type="checkbox"/> YES		<input type="checkbox"/> AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)		<input type="checkbox"/> YES	
<input type="checkbox"/> NO		<input type="checkbox"/> TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)		<input type="checkbox"/> NO	
<p>I request business management counseling service from a Small Business Administration Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA assistance services. I authorize SBA to furnish relevant information to the assigned management counselor(s). I understand that any information disclosed to be held in strict confidence by him/her. 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 the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, SCORE and its host organizations, and other SBA Resource Counselors arising from this assistance. Please note: The estimated burden for completing this form is 15 minutes per response. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspects of this information, please contact the U.S. Small Business Administration Chief, Administrative Information Branch, Washington, DC 20416 and/or Office of Management and Budget, Clearance Office, Paperwork Reduction Project (3245-0091) Washington DC 20503</p>					
SIGNATURE & TITLE OF REQUESTER			DATE		

RETURN COMPLETED FORM TO:
THE UNIVERSITY OF SCRANTON SBDC, ESTATE BLDG FL 2, 800 LINDEN ST
SCRANTON, PA 18510
OMB APPROVAL NO. 3245-0091

FOR INTERNAL USE: S
 L

REQUEST FOR COUNSELING FORM

SBDC Client Rights and Responsibilities

You have the right to expect:

- 1. Consulting Assistance Provided at No Charge** - Because the SBDC program is supported by funding from the US Small Business Administration, the Pennsylvania Department of Community and Economic Development, The University of Scranton and other funders, consulting is provided at no charge to you. Fees may apply for training programs, special services (such as research), materials, and publications.
- 2. Confidentiality of Information Provided** - All SBDC representatives agree to abide by the Pennsylvania SBDC's Standards of Professional Ethics and Conflict of Interest Policy. Information you provide will be held in strictest confidence and will not be released to any parties outside of the Pennsylvania SBDC network. Information on you will not be sold or provided to other organizations. Specific information on you and the nature of your engagement with the SBDC will not be released without your consent. No information you provide will be used to the commercial advantage of any SBDC representative or to the advantage of a third party.

Exceptions:

- * Information about the SBDC's service delivery is reported in aggregate to its funders and the general public. Specific information about you will not be released without your consent
- * The SBDC will collect and report in aggregate to its funders and the general public information on you such as demographic statistics; size, location, age and industry of your business; the general nature of your engagement with the SBDC; and impact statistics such as financing obtained, sales increased or jobs created.
- * If you were referred to the SBDC, the SBDC will notify the referrer that you have sought assistance from the SBDC. The SBDC, however, will not disclose in detail the nature of the assistance you are requesting.

- 3. Unbiased Recommendations** - SBDC representatives will not knowingly recommend the purchase of goods or services from any individual or firm with which any SBDC representative has a financial, familial or personal interest.
- 4. Non-Disclosure of Trade Secrets** - Sensitive trade secrets pertaining to unique facts of your business will not be used to benefit another client of the SBDC or any SBDC representative. You understand that sensitive trade secret information is information which is not obvious, which is unknown, or which is unique and pertains to new inventions, secret manufacturing and processing procedures or formulas, or any new innovative process. You understand that it is your responsibility to inform the SBDC of any such sensitive trade secrets both verbally and in writing.
- 5. Assistance, Guidance, Recommendations and Education** - The SBDC program is an educational program. The SBDC will work with you on your specific issues to help build your management skills and knowledge. It is your responsibility to accept and implement recommendations. The SBDC will not:
 - * Negotiate on your behalf
 - * Write your business plan
 - * Act as an employee of your business

As an SBDC client you are responsible for:

- 1. Participating in Surveys** - Because this program cares about the quality of services provided, and because it is primarily funded with public support, the SBDC undertakes a number of initiatives to ascertain the quality and impact of services provided to you. Your candid feedback is critical to the long-term success of this program.
- 2. Accepting Responsibility and Waiving all Claims** - In recognition that you are ultimately responsible for the success or failure of your business and that all decisions pertaining to implementing plans and operating your business are solely your responsibility, you hereby waive all claims of damages against the University of Scranton SBDC and the Pennsylvania SBDC program, the University of Scranton, the US Small Business Administration, and the Pennsylvania Department of Community and Economic Development, based on any advice or information provided by the SBDC.

I have read and understand the above stated terms and conditions.

Print Name & Title	Signature	Date
SBDC Consultant		Date