

## U.S. SMALL BUSINESS ADMINISTRATION SMALL BUSINESS DEVELOPMENT CENTER COUNSELING RECORD

OMB NO. 3245-0108 Expiration Date:4/30/2004

Please Print or Type						
A. LOCATION CODE	B. SBDC CODE	C. CLIENT NO.	D. DATE OF CONTACT	E. TYPE OF A 1. ONE TII 2. INITIAL	ME	ADMIN CLOSURE
				3. FOLLO	W-ON 6. C	CHNG. CLT. INFO. CHNG. CNS. INFO.
F. NAME OF COMPANY			G. NAME OF INQUIRER (Last, First, Middle Initial)			
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H. ADDRESS OF COMPANY/INQUIRER			I. CITY/TOWN J. STATE			
	K. ZIP CODE	L TELEPHONE NU	IMBER			
	USINESS INFORMA	ATION		BUSINESS O	WNERSHIP	
M. TYPE OF BUSIN	_	NUIEACTURINO	P. SEX	D EEMALE	□ 2 MALE/EE	MAI =
1. RETAIL 4. MANUFACTURING 2. SERVICE 5. CONSTRUCTION						
3. WHOLESALI		T IN BUSINESS	a. RACE:	DOND	b. ETHNICI	ΓY
			1. NATIVE AMERIC	CAN		ANIC ORIGIN
N. SIC CODE			OR ALASKAN N	ATIVE		OF HISPANIC
(Leave	blank if unknown)		2. ASIAN	ICAN AMEDICA	ORIG	in
			3. BLACK OR AFR 4. NATIVE HAWAI	-		
			PACIFIC ISLANI			
			5. WHITE			
O. SBA CLIENT			R. MILITARY STATUS	6		
1. BORROWER 2. APPLICANT	4. COC	ETY BOND	1. VETERAN* 2. SERVICE DISAI	RI ED VETERAN	<b> </b> *	
3. 8(a) CLIENT	5. 30Ni	ETTBOND	3. DISABLED VET	ERAN	•	
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			Small Business Act of 1	999	0-50, veterans En	illepreneursnip and
<ol> <li>BUS. START</li> </ol>	NSELING PROVIDED -UP/ACQUISITION OF CAPITAL	5. ACCOUNTING & R 6. FINAN. ANALYSIS/		9. PERSONNEL 0. COMPUTER		ECHNOLOGY
<ol> <li>BUS. START</li> <li>SOURCES C</li> <li>MARKETING</li> </ol>	-UP/ACQUISITION OF CAPITAL		COST CONTROL 1 FROL 1	9. PERSONNEL 0. COMPUTER 1. INTERNAT'L 2. BUSINESS L	SYSTEMS TRADE	ECHNOLOGY
<ol> <li>BUS. START</li> <li>SOURCES C</li> <li>MARKETING</li> </ol>	G-UP/ACQUISITION OF CAPITAL OF SALES OF PROCUREMENT	<ol> <li>FINAN. ANALYSIS/</li> <li>INVENTORY CONT</li> </ol>	COST CONTROL 1 FROL 1	0. COMPUTER 1. INTERNAT'L	SYSTEMS TRADE	
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This form is to be used to report small business counseling of greater than one hour:

Block A: Denotes standard SBA office code.

<u>Block B:</u> The first two digits reflect SBDC number; the second three reflect subcenter (see handbook for codes).

Block C: Reflects unique client numbers - required on all follow-up counseling.

Block D: Complete as appropriate.

Block E: Must be completed.

1) One-time: Any counseling session (minimum of one hour) expected to require only that single session.

2) Initial: Any counseling session (minimum of one hour) expected to require another session. This opens

a case and places that case on the Client List.

3) Follow-On: Any non-final counseling provided to a client who has already received either an Initial or

One-Time counseling session.

4) Follow-On Release: Any final counseling provided to a client who has already received either an Inital or One-Time

counseling session (This closes the case and removes it from the Client List).

5) Admin. Closure: This closes an open case and removes it from the Client List when no further counseling is

anticipated.

6) Chng Clt Info: To change or correct any previously entered information pertaining to the client - provide

corrections in appropriate blocks.

7) Ching Ching Ching Ching Ching To change or correct any previously entered information pertaining to a specific counseling

session.

Block F: Complete as available. If unavailable, put N/A.

Block G: Complete as appropriate.

Note: Blocks H - R are only required for Initial and One-Time Cases.

Block M: Indicate predominant type of business.

Block N: Optional - identify predominant business.

Block O: Indicate any type of SBA financial relationship the client may have. If none, so indicate.

Block P: Indicate sex of owner/inquirer with 51% ownership. If joint ownership, indicate male/female.

Block Q: Must be completed for all clients, including white.

Block R: Must be completed for all clients.

<u>Block S:</u> Indicate the one predominant type of counseling provided.

Block T-V: Indicate hours in whole numbers.

Block W: Indicate appropriate counselor number.

Block Y: Check this block to indicate the resource utilized by the SBDC to service the small business client. If the

SBDC refers a client to SCORE/ACE, or SBI, the client then becomes a SCORE/ACE, or SBI client, and

not an SBDC client and future reporting should be submitted on SBA Form 641A.

Please Note: The estimated burden for completion of this form is 30 minutes per response. If you have any questions or

comments concerning this estimate or any other aspect of this information collection please contact, Chief Administrative Information Branch, U.S. Small Business Administration, Washington, D.C. 20416 and Desk Officer for SBA, Paperwork Reduction Project (3245-0108) Office of Management and Budget, 20503.

PLEASE DO NOT SEND FORMS TO OMB.