

Client Intake Form

South-West Texas Border Network Small Business Development Centers

Contact Name (Last, First, MI)		Email			
		<i>Check here if you DO NOT want to receive emails from SBDC []</i>			
Mailing Address		City, State, Zip Code (+4 if known)			
Work Phone		Cell Phone			
Race (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White/Caucasian		Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Military/Veteran Status <input type="checkbox"/> None <input type="checkbox"/> Choose Not To Respond <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Veteran or Retiree <input type="checkbox"/> Military Spouse <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> National Guard – Active Duty <input type="checkbox"/> Reservist <input type="checkbox"/> Reservist – Active Duty		How did you hear about us? (Please mark all that apply) <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 <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:			
What area(s) of business would you like to explore with your SBDC Business Advisor?					
Are you currently in business? <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: _____					
Company Name: _____ (If address of the business is different than above, please indicate below)					
Street: _____ City, State, Zip (+4 if known) _____					
Type of Business <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Construction <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Other: _____					
Description: _____ NAICS Code(s): _____					
Business Ownership What is the gender of <u>business</u> ownership? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male and Female owned		Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	SBA Relationship <input type="checkbox"/> Applicant <input type="checkbox"/> Borrower <input type="checkbox"/> COC <input type="checkbox"/> Procurement Assistance <input type="checkbox"/> Technical Assistance
Total # Employees: _____ Full-time _____ Part-time	For your most recent full business year, what were your Gross Revenues (Sales)? \$ _____	What is the legal entity of your business? <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: _____		What is your position? <input type="checkbox"/> Owner of Sole Proprietorship <input type="checkbox"/> Employee <input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Other:	
Are you currently exporting? <input type="checkbox"/> Yes. Please list the countries below or check Appendix A. <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? _____					
Amount of GRS related to exporting? _____					
<small>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 self-certify that neither I nor my company have been suspended or debarred by a federal agency. 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 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. I waive all claims against SBA personnel, resource partners and host organizations, arising from this assistance. The estimated burden for completing this form is 3 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington D.C., 20503. OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB.</small>					
Client Signature: _____			Date: _____		

For Internal Use

Primary Advisor:			Client ID:
<input type="checkbox"/> Alumni (of host institution)	<input type="checkbox"/> HEB	<input type="checkbox"/> Growth Business	<input type="checkbox"/> SBDCGlobal.com
<input type="checkbox"/> Bid Match Client	<input type="checkbox"/> Hub Zone	<input type="checkbox"/> Amazon	<input type="checkbox"/> Other:
<input type="checkbox"/> 8 M Woman-Owned Small Business	<input type="checkbox"/> Empowerment Zone	<input type="checkbox"/> Colonia	<input type="checkbox"/> Other:
<input type="checkbox"/> Shale Gas/Oil Play	<input type="checkbox"/> Opportunity Zone	<input type="checkbox"/> SBIR/STTR	

Appendix A (complete only if applicable)

If your company is currently exporting, please indicate the countries to which your company exports: (Mark all that apply)

Asia	Africa	Caribbean	Central America	North America
<input type="checkbox"/> Afghanistan <input type="checkbox"/> Bahrain <input type="checkbox"/> Bangladesh <input type="checkbox"/> Belarus <input type="checkbox"/> Bhutan <input type="checkbox"/> Brunei <input type="checkbox"/> Burma <input type="checkbox"/> Cambodia <input type="checkbox"/> China <input type="checkbox"/> East Timor <input type="checkbox"/> Georgia <input type="checkbox"/> Hong Kong <input type="checkbox"/> India <input type="checkbox"/> Indonesia <input type="checkbox"/> Iran <input type="checkbox"/> Iraq <input type="checkbox"/> Israel <input type="checkbox"/> Japan <input type="checkbox"/> Jordan <input type="checkbox"/> Kazakhstan <input type="checkbox"/> Korea, North <input type="checkbox"/> Korea, South <input type="checkbox"/> Kuwait <input type="checkbox"/> Kyrgyzstan <input type="checkbox"/> Laos <input type="checkbox"/> Lebanon <input type="checkbox"/> Macau <input type="checkbox"/> Malaysia <input type="checkbox"/> Maldives <input type="checkbox"/> Micronesia <input type="checkbox"/> Mongolia <input type="checkbox"/> Nepal <input type="checkbox"/> Oman <input type="checkbox"/> Pakistan <input type="checkbox"/> Philippines <input type="checkbox"/> Qatar <input type="checkbox"/> Russia <input type="checkbox"/> Saudi Arabia <input type="checkbox"/> Singapore <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Syria <input type="checkbox"/> Tajikistan <input type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/> Turkey <input type="checkbox"/> Turkmenistan <input type="checkbox"/> United Arab Emirates <input type="checkbox"/> Uzbekistan <input type="checkbox"/> Vietnam <input type="checkbox"/> Yemen	<input type="checkbox"/> Algeria <input type="checkbox"/> Angola <input type="checkbox"/> Benin <input type="checkbox"/> Botswana <input type="checkbox"/> Burkina Faso <input type="checkbox"/> Burundi <input type="checkbox"/> Cameroon <input type="checkbox"/> Cape Verde <input type="checkbox"/> Central African Republic <input type="checkbox"/> Chad <input type="checkbox"/> Comoros <input type="checkbox"/> Congo <input type="checkbox"/> Democratic Republic of Congo <input type="checkbox"/> Cote d'Ivoire <input type="checkbox"/> Djibouti <input type="checkbox"/> Egypt <input type="checkbox"/> Equatorial Guinea <input type="checkbox"/> Eritrea <input type="checkbox"/> Ethiopia <input type="checkbox"/> Gabon <input type="checkbox"/> Gambia <input type="checkbox"/> Ghana <input type="checkbox"/> Guinea <input type="checkbox"/> Guinea-Bissau <input type="checkbox"/> Kenya <input type="checkbox"/> Lesotho <input type="checkbox"/> Liberia <input type="checkbox"/> Libya <input type="checkbox"/> Madagascar <input type="checkbox"/> Malawi <input type="checkbox"/> Mali <input type="checkbox"/> Mauritania <input type="checkbox"/> Mauritius <input type="checkbox"/> Morocco <input type="checkbox"/> Mozambique <input type="checkbox"/> Namibia <input type="checkbox"/> Niger <input type="checkbox"/> Rwanda <input type="checkbox"/> Sao Tome and Principe <input type="checkbox"/> Senegal <input type="checkbox"/> Seychelles <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Somalia <input type="checkbox"/> South Africa <input type="checkbox"/> Sudan <input type="checkbox"/> Swaziland <input type="checkbox"/> Tanzania <input type="checkbox"/> Togo <input type="checkbox"/> Tunisia <input type="checkbox"/> Uganda <input type="checkbox"/> Zambia <input type="checkbox"/> Zimbabwe	<input type="checkbox"/> Anguilla <input type="checkbox"/> Antigua & Barbuda <input type="checkbox"/> Aruba <input type="checkbox"/> Bahamas <input type="checkbox"/> Barbados <input type="checkbox"/> Virgin Islands (British) <input type="checkbox"/> Cayman Islands <input type="checkbox"/> Cuba <input type="checkbox"/> Dominica <input type="checkbox"/> Dominican Republic <input type="checkbox"/> Grenada <input type="checkbox"/> Haiti <input type="checkbox"/> Jamaica <input type="checkbox"/> Montserrat <input type="checkbox"/> Netherlands Antilles <input type="checkbox"/> St. Kitts and Nevis <input type="checkbox"/> St. Lucia <input type="checkbox"/> St. Vincent and Grenadines <input type="checkbox"/> Trinidad and Tobago	<input type="checkbox"/> Belize <input type="checkbox"/> Costa Rica <input type="checkbox"/> El Salvador <input type="checkbox"/> Guatemala <input type="checkbox"/> Honduras <input type="checkbox"/> Nicaragua <input type="checkbox"/> Panama	<input type="checkbox"/> Bermuda <input type="checkbox"/> Canada <input type="checkbox"/> Mexico
			Europe	South America
			<input type="checkbox"/> Austria <input type="checkbox"/> Azerbaijan <input type="checkbox"/> Albania <input type="checkbox"/> Armenia <input type="checkbox"/> Belgium <input type="checkbox"/> Bosnia-Herzegovina <input type="checkbox"/> Bulgaria <input type="checkbox"/> Croatia <input type="checkbox"/> Cyprus <input type="checkbox"/> Czech Republic <input type="checkbox"/> Denmark <input type="checkbox"/> Estonia <input type="checkbox"/> Finland <input type="checkbox"/> France <input type="checkbox"/> Germany <input type="checkbox"/> Hungary <input type="checkbox"/> Iceland <input type="checkbox"/> Ireland <input type="checkbox"/> Italy <input type="checkbox"/> Latvia <input type="checkbox"/> Liechtenstein <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Macedonia <input type="checkbox"/> Malta <input type="checkbox"/> Moldova <input type="checkbox"/> Monaco <input type="checkbox"/> Montenegro <input type="checkbox"/> Netherlands <input type="checkbox"/> Norway <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Serbia <input type="checkbox"/> Slovak Republic <input type="checkbox"/> Slovenia <input type="checkbox"/> Spain <input type="checkbox"/> Sweden <input type="checkbox"/> Switzerland <input type="checkbox"/> Turkey <input type="checkbox"/> Ukraine <input type="checkbox"/> United Kingdom <input type="checkbox"/> Vatican City	<input type="checkbox"/> Argentina <input type="checkbox"/> Bolivia <input type="checkbox"/> Brazil <input type="checkbox"/> Chile <input type="checkbox"/> Colombia <input type="checkbox"/> Ecuador <input type="checkbox"/> Guyana <input type="checkbox"/> Paraguay <input type="checkbox"/> Peru <input type="checkbox"/> Suriname <input type="checkbox"/> Uruguay <input type="checkbox"/> Venezuela
				Oceania
				<input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> Cook Islands <input type="checkbox"/> Fiji <input type="checkbox"/> Kiribati <input type="checkbox"/> Marshall Islands <input type="checkbox"/> Nauru <input type="checkbox"/> Palau <input type="checkbox"/> Papua New Guinea <input type="checkbox"/> Samoa <input type="checkbox"/> Solomon Islands <input type="checkbox"/> Tonga <input type="checkbox"/> Tuvalu <input type="checkbox"/> Vanuatu
				Other
				<input type="checkbox"/> Subcontractor for Exporter <input type="checkbox"/> Sell to fill-freight