

North Texas Small Business Development Centers SBDC Client Intake Form



11 0	KIII ILXA	0							
CLIENT NAME (Last, First, MI)					EMAIL				
POSITION									
Owne	er/Sole Proprieto	orship Employee Pre	esident V	/ice-President	Partner Othe	er:			
WORK PHC	NE			CELL PHONE					
HOME PHONE					FAX				
mailing address					CITY, STATE, ZI	CITY, STATE, ZIP CODE			
GENDER	DACE	(magula ana ar magra)	T ETUNIO	∩ITV	VETERAN STATU	S RESERVIST	2117 A T2	DO YOU HAVE	
GENDER	RACE (mark one or more) ETHNICIT Asian Non-Hispanic			VETERAIN STATU Non-Veteran	None	31A1U3			
Male Female	Native Hawaiian or Pacific Islander Black or African American Native American or Alaska Native White			Service-Disabled Veteran Veteran		National Guo	ard - Active Duty	A DISABILITY? Yes No	
СОМРА	NY INFO	RMATION							
			nth/Day/Year e	established bu	siness /	/	No		
CURRENTLY IN BUSINESS? Yes Indicate Month/Day/Year established business//								ed	
Export Coun	tries:								
COMPANY	NAME (IF A	PPLICABLE)				WEBSITE			
PHYSICAL .	ADDRESS O	F BUSINESS				CITY, STATE ZIF	, CODE		
WHAT PRO	MPTED YOU	J TO CONTACT US (RE	FERRED FRO	OM)					
Advertising/Marketing College/University Lender					SBA Network Website				
Chamber of Commerce Email Local EE Client/Word of Mouth Media/TV/Radio News Or			al EDC rs Outlet	SBDC Social Media (please list) t Training Event/Conf.					
BUSINESS C			BUSINESS LI		HOME-BASED?		CD A DE	L A TIONICI IID	
Business owne			ENTITY			8 (A) CERTIFIED	SBA RELATIONSHIP		
besiliess evillership geriadi		Disadvantaged - Small	Sole Proprietorship		Yes No	Yes	Applicant	Applicant	
Male 	Partnership		'	DO YOU CONDUCT YOUR		Borrower			
Female Male/Female Owners		Minority Owned - Small	3-Corporation		SINESS ONLINE?	No	COC	nt Assistance	
Male/remale Owners		Other Small	all LLC Corporation		Yes No		Technical Assistance		
TYPE OF BU	ISINIESS	Manufacturing Whole	<u> </u>	nstruction	Retail Services	Other			
		With the state of				S CODE(S):			
ROBOOIO	,, 021(11020)							code for your business)	
WHAT ARE	YOUR TOTA	al number of emplo	DYEES	FOR T	HE MOST RECENT	FULL BUSINESS YE	AR, PLEASE PI	ROVIDE	
	Full Time	e Pai	rt Time	oss Revenue/Sales (C	s Revenue/Sales (GRS) \$				
How many are engaged in the exporting aspect of the business?					+Profits/-Losses \$				
evaluate SBA set that any informassigned mana fees or commiss and that of its R to any collectic Washington, DC 3245-0324). PLE federal gove federally del	ervices. I permit s ation disclosed w gement counsel sions developing tesource Partners on information un C 20416, and to: D ASE DO NOT SEN pernment. By a barred or susp	vice from the Small Business Adi SBA or its agent the use of my r rill be held in strict confidence. or(s). I further understand that it from this counseling relationship and host organizations, arising aless it displays a currently valid less to Officer SBA, Office of Mana ID FORMS TO OMB. SBDC so greeing to receive assista- pended and also agree to	name and addre (SBA will not pro- the counselor(s) b. In consideration from this Assistant I OMB approval agement and Bus- services are re- ance from the	sss for SBA surve ovide your perso agrees not to: 1 on of the counse ce. Please note number. Comr dget, New Exec not available e SBDC with y	ys and information mailir sonal information to coming in the following manage of the estimated burden should be shou	ngs regarding SBA productions recial entities.) I authori mercial entities.) I authori mercial entities. I authori mercial entities for source sin viment or technical Assistant for completing this form is bould be sent to: U.S. Small om 10202, Washington, D.C. ntities that have being form, you are self-cederally debarred or	ts and services (Yes ze SBA to furnish relevinich he/she has an ce, I waive all claim 3 minutes. You are Business Administra C., 20503. OMB Appren debarred or certifying that yo suspended in the	No). I understand evant information to the interest, and 2) accept interest, and 2) accept s against SBA personnel, not required to respond tion, 409 3rd Street, SW, oval suspended by the ou are not currently	
CLIENT SIG	INATUKE					DA	IE		



North Texas Small Business Development Center Network Business Advising Client Engagement Agreement

The North Texas Small Business Development Centers Network provides expert management and technical assistance to start-up and existing businesses throughout 49-counties in the North Central Texas Region. The management and technical assistance consists of one-on-one advising to address the needs of your existing business or to aid you in starting a business.

PERIODIC SURVEYS MEASURING PROGRAM OUTCOMES

SBDC counseling services are provided at no fee to you. We will request you to complete surveys to measure satisfaction and economic impact. The surveys are designed to gather business information that supports the no-fee counseling infrastructure provided to you. Upon receiving the surveys, please remember your experience and the assistance you received from one or more of the North Texas SBDC field centers. The business data you provide will help us to identify needs and ensure we continue to provide relevant and effective small business counseling and training. The data collected will be compiled and converted to summary data without identifying specific businesses. You will not be identified individually nor will your information be conveyed to third parties.

EXPECTATIONS WITH YOUR BUSINESS CONSULTANT

Your advisor will review your business plan and determine a course of action for your business. Both you and your advisor will identify areas of management assistance and a plan of action for next steps. Thank you for becoming a customer of the North Texas SBDC Network and we look forward to assisting your business needs at every stage of your business growth. We want to contribute to your success for many years to come!

Client Signature	Business Advisor Signature
Date	Date