



Illinois Entrepreneurship Network  
**Request for Counseling**  
**Illinois Small Business Development Center**



1. Type of Contact:  Face to Face  Online  Telephone      2. Primary Counselor:

**PART I: Client Intake:**

3. Date Company Established:		4. Client Name (last, First, MI):		5. Client Email:		6. Position: <input type="checkbox"/> Business Owner		
7. Client Work Phone:		8. Client Home Phone:		9. Client Fax Number:		10. Client Cell Number:		
11. Client Address:			12. Client City:			13. Client State:		
14. Client Zip Code:		15. Zip +4:	16. Client County:		17. Client Federal Representative District Number:			
18. Client State Representative District Number:		19. Client State Senate District Number:		20. Client Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				
21. Client Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		22. Client Ethnicity: <input type="checkbox"/> Hispanic Origin  <input type="checkbox"/> Not of Hispanic Origin		23. Client Veteran Status: <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Veteran		24. Client Reservist Status: <input type="checkbox"/> National Guard <input type="checkbox"/> None <input type="checkbox"/> National Guard-Active Duty <input type="checkbox"/> Reservist <input type="checkbox"/> Reservist-Active Duty		25. Disabled: <input type="checkbox"/> No  <input type="checkbox"/> Yes

**PART II: Company Intake:**

26. Company Name:		27. Company Email:		28. Company Website:	
29. Company Phone #:		30. Company Fax #:	31. Company FEIN:	32. Company Cage Code:	33. Company DUNS #:
34. Total No. of Employees: (Full & Part Time)		35. Business Size: <input type="checkbox"/> Disadvantaged Small <input type="checkbox"/> Minority-Owned Small		<input type="checkbox"/> Large <input type="checkbox"/> Certified SDB or SBA 8(a) <input type="checkbox"/> Woman-Owned Small	36. Annual Sales: 2005 2006 2004 Projected 2007
37. Type of Business:(choose primary category) <input type="checkbox"/> Surplus Dealer <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> R & D <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Utilities <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Information <input type="checkbox"/> Wholesale Dealer <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Waste Management & Remediation Services <input type="checkbox"/> Retail Dealer <input type="checkbox"/> Educational Services <input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Other Services (except Public Administration)					
38. Miscellaneous: <input type="checkbox"/> International Trade <input type="checkbox"/> Home-based Business <input type="checkbox"/> Online Business		39. What is the legal entity of your business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____		40. Company Gender: <input type="checkbox"/> Male >50% <input type="checkbox"/> Female > 50% <input type="checkbox"/> Male/Female 50/50	41. Company Veteran Status: <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Veteran
42. Company Address:		43. Company City:	44. Company State:	45. Company Zip Code:	46. Company County:
47. Company Federal Representative District Number:		48. Company State Representative District Number:		49. Company State Senate District Number:	
50. Is Business in a HUBZone: <input type="checkbox"/> No <input type="checkbox"/> Located in HUBZone Only <input type="checkbox"/> Certified HUBZone? Date Certified _____		51. Is Business Located in Distressed Area: <input type="checkbox"/> No <input type="checkbox"/> Yes		52. Keywords	
53. Product Service Codes (PSCs):		54. Standard Industrial Classification SICs:		55. North American Industrial Classification (NAICs):	

56. Product or service description:  
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 .....

57. Signature Date:	58. SBA Client Type: <input type="checkbox"/> Applicant <input type="checkbox"/> Surety Bond		<input type="checkbox"/> 8(a) & Borrower <input type="checkbox"/> Borrower <input type="checkbox"/> None		<input type="checkbox"/> 8(a) & Surety Bond <input type="checkbox"/> COC <input type="checkbox"/> Technical Assistance		<input type="checkbox"/> 8(a) Client <input type="checkbox"/> Procurement Assistance		59. State of Incorporation
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60 Referral From: Please Specify:

61. Specific assistance requested:  
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# CLIENT RIGHTS AND RESPONSIBILITIES



As a new client of the Illinois Small Business Development Center (SBDC), we'd like to advise you of certain rights and responsibilities you have as one of our clients:

You have a right to expect:

- prompt, courteous, and professional counseling services and to be advised if the Illinois SBDC is unable to provide service within the time frame required. **Be aware that due to the demand for our services, cases must often be prioritized by need and training may be recommended before counseling is provided.**
- all information shared with the Illinois SBDC and any of its resources (staff, faculty, volunteers, and consultants) will be held in strictest confidence. No information provided by you will be used to the commercial advantage of any staff member, consultant, or other resource of the Illinois SBDC or to the benefit of any third party.
- that your client status with the Illinois SBDC will remain confidential. No public use of your name, address, or business identity will be made without your prior approval. Please note, however, that the Illinois SBDC is funded in part by the U.S. Small Business Administration, Department of Commerce and Economic Opportunity and the local host so, limited information with respect to your client status is provided to those entities.

Our role is to counsel and assist small business owners and those planning to go into business. We will not make business decisions or judgments for you, though we will make recommendations and suggestions as appropriate. These will be based upon our best efforts to apply the experience and resources available to us to assist you in making your own business decisions.

The Illinois SBDC **may** charge reasonable fees for training programs, special services, and publications. However, you have a right to feel secure that no fee will be charged by the ISBDC or its resources for **normal counseling services** provided to you. Also, no recommendations will be made as to the purchase of goods or services from any individual or firm with whom any ISBDC staff or its resources have any financial, familial or personal interest.

The counseling services provided to you are a part of the effort of the Illinois SBDC and its sponsors to respond to the growing needs of the small business community **and to positively affect the economy of Illinois**. They are not intended to compete with, replace, or be a substitute for services available from the private sector. Clients whose needs can be fully met by private sector practitioners or firms in an affordable manner will be encouraged to use those resources.

In consideration of the Illinois SBDC furnishing you with management and technical assistance, you agree to waive all claims against the ISBDC and its constituent institutions, its staff, or any other resources employed by or used in connection with these services. You will also be expected to cooperate with the ISBDC in its efforts to assure the quality and effectiveness of the counseling services it provides.

In this respect, the Illinois SBDC will ask all clients who receive counseling assistance to complete a written evaluation of the services provided. In addition, all clients will be asked to complete a Economic Impact Verification form that documents the assistance provided by the Illinois SBDC. Finally, clients may receive direct inquiries from this office, the State Director's office or the U.S. Small Business Administration with respect to the services provided to you. Your response to all of these inquiries will be greatly appreciated.

## REQUEST FOR COUNSELING

### **SBDC Agreement:**

*"I request business management counseling from the Illinois Small Business Development Center a U.S. Small Business Administration resource partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBDC and SBA assistance services. I understand that any information received by an Illinois SBDC counselor will be held in strict confidence by the counselor to the extent allowable by law.*

*I further understand that the Illinois SBDC counselor has agreed not to: (1) recommend goods or services from sources in which the individual counselor has an interest; and (2) accept fees or commissions developing from the counseling relationship. In consideration of the provision of management and/or technical assistance by a resource partner counselor, I agree to waive all claims arising out of this assistance, against SBA personnel, the resource partner from whom I sought assistance, its host organizations, and the counselor(s) arising from this assistance."*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

*We welcome you as a client and encourage you to call on us if you have any questions or comments with regard to your rights and responsibilities or services you receive. You can do so by calling your local Illinois SBDC counselor or the Illinois SBDC State Office at (800) 252-2923.*

**ANY CHANGES TO THIS FORM OR THE USE OF ANY OTHER INTAKE FORMS MUST HAVE PRIOR WRITTEN APPROVAL OF THE SMALL BUSINESS DEVELOPMENT CENTER STATE DIRECTOR** **Updated 4/27/2006**