



Request for Consultation
Illinois Small Business Development Center
Local Center Information Here



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

PART I: Client Intake:

3. Client Name (last, First, MI): (Name of the person completing the form/representative of the business)			4. Email:	
5. Client Work Phone: Primary:		Secondary:		6. Client Fax Number:
7. Street Address/PO Box (Give business address if currently in business)		8. City:	9. State:	10. Zip: +4

PART II: Client Intake: (To be completed by all Clients)

11. Client Federal Representative District Number:		12. Client State Representative District Number:		13. Client State Senate District Number:	
14. Race (Mark one or more): <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian		<input type="checkbox"/> White <input type="checkbox"/> Black or African American		15. Client Ethnicity: <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin	
16. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		17. Do you consider yourself a person with a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes		18. Veteran Status: <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Veteran	
18a. Military Status:		<input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty			
19. Referred by? (Mark all that apply): <input type="checkbox"/> SBA District Office <input type="checkbox"/> SBDC <input type="checkbox"/> Other Client <input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Lender <input type="checkbox"/> USEAC <input type="checkbox"/> Educational Institution <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Business Owner <input type="checkbox"/> SCORE <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> Television/Radio <input type="checkbox"/> SBA Web site <input type="checkbox"/> WBC <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Internet (Please indicate site)					
20a. Are you currently in Business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no Skip to 30)					
20b. If yes, are you currently exporting <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 20b, please go to appendix A on last page to indicate the markets to which your company currently exports and mark all the apply.					
21. Name of business:					
22. Type of Business: (Choose Primary Categories) <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Utilities <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Information <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Retail Dealer <input type="checkbox"/> Educational Services <input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Waste Management & Remediation Services <input type="checkbox"/> Other Services (except Public Administration)					
23. Business Ownership: What percentage of your business is male or female owned? % Male % Female		24. Date Business Started: (MM/YYYY)		25. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Are you a home based Business? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No			
27a. Total No. of Employees: (full and PT)		28a. For your most recent full year, what were your: Gross revenues/Sales \$ +Profits/-Losses \$		29. 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)	
27b. Of total employees, how many are engaged in the exporting aspect of your business? (full and PT)		28b. Amount of your Gross Revenues/Sales Related to exporting? \$			
30. What is the nature of the assistance you are seeking? (choose a primary category) <input type="checkbox"/> Start-up assistance (How do I start a small bus.) <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Marketing/Sales (promotion, Market research, Pricing, etc) <input type="checkbox"/> Technology/Computers <input type="checkbox"/> Business Plan <input type="checkbox"/> Customer Relations <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Franchising <input type="checkbox"/> Legal Issues (such as, should I incorporate?) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> International Trade <input type="checkbox"/> Describe specific assistance requested in the space provided					
31. Business Size: <input type="checkbox"/> Disadvantaged Small (<input type="checkbox"/> Not Certified <input type="checkbox"/> Certified SDB <input type="checkbox"/> SBA 8(a) Certified) <input type="checkbox"/> Minority-Owned Small <input type="checkbox"/> Large <input type="checkbox"/> Other Small		32. Company FEIN:		33. Company CAGE Code If Applicable:	
34. Company DUNS #:					
35. Is Business in a HUBZone: <input type="checkbox"/> No <input type="checkbox"/> Located in HUBZone Only <input type="checkbox"/> Certified HUBZone? Date Certified		36 Is Business Located in Distressed Area: <input type="checkbox"/> No <input type="checkbox"/> Yes		37 Keywords	
38. Product Service Codes (PSCs):		39 Standard Industrial Classification SICs:		40 North American Industrial Classification (NAICs):	
41. Product or service description: _____ _____ _____ _____					
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 10/25/2011					



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 an 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 CONSULTATION

SBDC Agreement:

I request business consultation service from the Illinois SBDC, a Resource Partner of the Small Business Administration (SBA). I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit the Illinois SBDC the use of my name and address for surveys and information mailings regarding products and services (☐ Yes ☐ No). I understand that any information disclosed will be held in strict confidence. The SBDC will not provide your personal information to commercial entities.) I authorize the Illinois SBDC 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. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBDC personnel, and that of its Resource Partners and host organizations, 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 10/25/11**

Please note: The estimated burden for completing this form is 18 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.