



U.S. Small Business Administration Client Intake Form

Form **641**

OMB Approval No: _____

*Client Number: _____

Expiration Date: _____

*Location Code: _____

Asterisk (*) denotes a required field

| | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| *1. Name of the Office Providing the Service | *1a. Type of Client <input type="checkbox"/> Face-to-face <input type="checkbox"/> Online <input type="checkbox"/> Telephone |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|

***2. City/State of Office Location:** _____

PART I: Client Request for Services (To be completed by all clients)

***3. Client Name** (Name of the person completing the form/representative of the business) (Last, First, MI) _____

| | |
|---------------------------------|--------------------------------------------|
| *4. Email Address: _____ | *5. Contact Telephone Number: _____ |
|---------------------------------|--------------------------------------------|

| | | | | |
|----------------------------------------------------------------------------------------------|----------------------|-----------------------|----------------------|-----------------|
| 6. Street Address/PO Box (Provide business address if currently in business) _____ | 7. City _____ | 8. State _____ | *9. Zip _____ | +4 _____ |
|----------------------------------------------------------------------------------------------|----------------------|-----------------------|----------------------|-----------------|

***10.** I request business counseling or training from the Small Business Administration (SBA) and its partners and permit SBA to use my name, business address, and email address to contact me for customer service surveys or with information mailings regarding SBA products and services. **(Confirm)** I understand that any information disclosed will be held in strictest confidence by SBA. I authorize SBA to share relevant information about my request with the assigned management counselor(s).
 Please note: the estimated burden for completing this form is 25 minutes. You are not required to respond to any collection information unless it displays a current 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, Suite 6054, Washington, DC, 20503. OMB Approval (3245-0324).
 PLEASE DO NOT SEND FORMS TO OMB.

| | |
|---------------------------------------------------------------------------------|-------------------------------------------------------|
| 11. Preferred date & time for appointment Date: _____ Time: _____ | *12. Client Signature _____ Date: _____ |
|---------------------------------------------------------------------------------|-------------------------------------------------------|

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

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| * 13. Race (Mark one or more) <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown/Not Stated | *14. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown/Not Stated | *15. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown/Not Stated | *16. Age <input type="checkbox"/> Less than 25 years of age <input type="checkbox"/> 25-35 years of age <input type="checkbox"/> 36-49 years of age <input type="checkbox"/> 50+ years of age <input type="checkbox"/> Unknown/Not Stated | *17. Low-To-Moderate Income <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Not Stated |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

***18. Do you consider yourself a person with a disability?** Yes No Unknown/Not Stated

OMB Approval No: _____

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***19. Education Level (Please check highest)**

- | | |
|------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> High School/GED | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Professional Degree (MD, JD, etc.) |
| <input type="checkbox"/> 2 Year College Degree | <input type="checkbox"/> Unknown/Not Stated |
| <input type="checkbox"/> 4 Year College Degree | |

***20. Current Military Status (Mark one only)**

- Veteran
- Service-Disabled Veteran
- Active Duty
- National Guard/Reserve
- Non-Veteran
- Unknown/Not Stated

***21. Current or Highest Military Rank**

- | | | | |
|--------------------------------------|------------------------------------|-----------------------------------------|---------------------------------------------|
| <input type="checkbox"/> E1 to E5 | <input type="checkbox"/> E6 to E9 | <input type="checkbox"/> WO1 to WO5 | <input type="checkbox"/> O1 to O3 |
| <input type="checkbox"/> O4 or above | <input type="checkbox"/> Dependent | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Unknown/Not Stated |

***22. How did you find out about us? (Mark all that apply)**

- | | | | |
|-------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> SBA District | <input type="checkbox"/> SBA Website | <input type="checkbox"/> Export Import Bank | <input type="checkbox"/> Chamber of Commerce |
| <input type="checkbox"/> Small Business Development Center (SBDC) | <input type="checkbox"/> Magazine/ Newspaper | <input type="checkbox"/> USEAC/SBA | <input type="checkbox"/> Transition Assistance Program |
| <input type="checkbox"/> Women's Business Center (WBC) | <input type="checkbox"/> Television/Radio | <input type="checkbox"/> U.S. Department of Commerce | <input type="checkbox"/> Entrepreneurship Track (Boots to Business) |
| <input type="checkbox"/> Veterans Business Outreach Center (VBOC) | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other Trade Partner | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> SCORE | <input type="checkbox"/> Business Owner | <input type="checkbox"/> Local Economic Development Official | <input type="checkbox"/> FEMA |
| <input type="checkbox"/> Cluster | <input type="checkbox"/> Lender | <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> Other Client |
| <input type="checkbox"/> Internet (please indicate website) _____ | <input type="checkbox"/> Emerging Leaders Initiative | | |

***23a. Are you currently in business?**

- Yes No

(If no, skip to 34)

23b. If yes, are you currently exporting?

- Yes No

If yes to 23b, please go to Appendix A on pages 8-9 to indicate the markets to which your company currently exports (mark all that apply)

24. Name of Business

***25. Is your business in an urban or rural location?**

- Urban Rural Unknown/Not Stated



U.S. Small Business Administration Client Intake Form

Form 641

OMB Approval No: _____

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26. Type of Business

(Enter 6-digit NAICS code. If you do not know the 6-digit NAICS code, write in the type of business)

Primary 6-digit NAICS Code: _____

Primary Type of business: _____

27. Business Ownership-What percentage of your business is male or female owned?

Male: _____% Female: _____%

28. Date Business started (MM/YYYY)

29. Do you conduct business online?

Yes No

30. Is your business on tribal lands?

Yes No

30a. Are you a home based business? Yes No

31a. Total No. of Employees Including yourself (Full & PT): _____

30b. Are you 8(a) certified? Yes No

31b. Of total employees, how many are engaged in the exporting aspect of your business? (Full & PT): _____

32a. For your most recent full business year, what were your:

Gross Revenues/Sales \$ _____

+Profits/-Losses \$ _____

32b. As of the most recent full business year, how much of your Gross Revenues/Sales were related to exporting? \$ _____

32c. As of the most recent full business year, what percentage of your Gross Revenues/Sales were related to exporting? _____%

33. What is the legal entity of your business?

Sole Proprietorship

Limited Liability Company

S-Corporation

Partnership

Corporation

Other (specify) _____

34. What is the nature of the service you are seeking? (Mark all that apply)

Start-up-Assistance (How do I start a small business?)

Cash Flow Management

Legal Issues (such as, Should I incorporate?)

Business Plan

Tax Planning

Risk Management

Financing/Capital (such as applying for a loan, building equity capital)

Marketing/Sales (Promotion, market research, pricing, etc.)

Importing

Managing a Business

Government Contracting (including certifications)

Exporting

Human Resources/Managing Employees

Franchising

Disaster Recovery

Customer Relations

Buy/Sell Business

Disaster Planning

Business Accounting/Budget

Technology/Computers

Social Media

eCommerce (using the internet to do business)

Other (specify): _____

OMB Approval No: _____

*Client Number: _____

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*Funding Source: _____

PART III: Event Specific Information (To be completed by counselor/trainer)

***35. Date of Activity (MM/DD/YYYY)**

***36. Event Type** Counseling (Go to 37) Training (Go to 37) Update (Go to 47)

***37. Method of Activity**

- Face-to face
- Online
- Telephone
- Preparation

***38. Session Type**

- New Case
- One Time
- Follow-up
- Case Closeout

***39. Counselor(s)/Trainer(s) Name (If multiple counselors/trainers, list lead counselor/trainer first and separate each additional counselor/trainer name by a semi-colon):**

- If Event Type (Field 36) =Counseling, Complete Part IIIA.
- If Event Type (Field 36) =Training, Complete Part IIIB.

PART IIIa: Counseling Event Specific Information (To be completed by counselor)

40. What was the nature of the counseling you provided the client? (Mark all that apply)

- | | | |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Start-up-Assistance (How do I start a small business?) | <input type="checkbox"/> Cash Flow Management | <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) |
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Tax Planning | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) | <input type="checkbox"/> Marketing/Sales (Promotion, market research, pricing, etc.) | <input type="checkbox"/> Importing |
| <input type="checkbox"/> Managing a Business | <input type="checkbox"/> Government Contracting (including certifications) | <input type="checkbox"/> Exporting |
| <input type="checkbox"/> Human Resources/Managing Employees | <input type="checkbox"/> Franchising | <input type="checkbox"/> Disaster Recovery |
| <input type="checkbox"/> Customer Relations | <input type="checkbox"/> Buy/Sell Business | <input type="checkbox"/> Disaster Planning |
| <input type="checkbox"/> Business Accounting/Budget | <input type="checkbox"/> Technology/Computers | <input type="checkbox"/> Social Media |
| | <input type="checkbox"/> eCommerce (using the internet to do business) | <input type="checkbox"/> Other (specify): _____ |

41. SBA Initiative Supporting (Mark all that apply)

- | | |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Encore Entrepreneurship | <input type="checkbox"/> Economy, Energy and Environment |
| <input type="checkbox"/> Transition Assistance Program Entrepreneurship Track (Boots to Business) | <input type="checkbox"/> Emerging Leaders |
| <input type="checkbox"/> Affordable Care Act (ACA) | <input type="checkbox"/> Start Young |
| | <input type="checkbox"/> Clusters |
| | <input type="checkbox"/> Other (specify) _____ |

***42. Language(s) Used**

- English
- Spanish
- Other (specify) _____

***43. Contact Hours (Total contact hours that a client received)**



U.S. Small Business Administration
Client Intake Form

Form **641**

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***43b. Prep Hours** (Total amount of preparation spent by all of the counselors for a client)

43c. Travel Hours (Total amount of time it takes to travel to a client's location for counseling)

44. Did more than one counselor participate in this counseling session? Yes No
If Yes, how many counselors?

45. Counselor's Notes

If this is a subsequent visit, go to Field 47.

PART IIIb: Training Event Specific Information (To be completed by trainer)

***46. Training Session Number**

If this is a subsequent visit, go to Field 47.

OMB Approval No: _____

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*Funding Source: _____

PART IV: Results/Outcomes (To be completed by returning Clients)

47. Were you referred to: (Mark all that apply)

- | | | |
|-------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Women's Business Center (WBC) | <input type="checkbox"/> SBA District Office | <input type="checkbox"/> U.S. Dept. of Agriculture |
| <input type="checkbox"/> SCORE | <input type="checkbox"/> USEAC/SBA | <input type="checkbox"/> U.S. Dept. of Commerce |
| <input type="checkbox"/> Small Business Development Center (SBDC) | <input type="checkbox"/> State Trade Agency | <input type="checkbox"/> U.S. Dept. of State |
| <input type="checkbox"/> Veterans Business Outreach Center (VBOC) | <input type="checkbox"/> Lender or Funding Source | <input type="checkbox"/> U.S. Trade and Development Agency |
| <input type="checkbox"/> Cluster | <input type="checkbox"/> Export/Import Bank | |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> OPIC | |

48. Since your last visit, did counseling/training result in the completion of a: (Mark all that apply)

- | | |
|-----------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Loan Package |
| <input type="checkbox"/> Marketing Plan | <input type="checkbox"/> Other (Specify): _____ |

49. Since your last visit, did the SBA or Resource Partner Service contribute to the following:

Small Business Loans/Guarantees

How many?

Total Value

| | | |
|-------------------------------|-------|----------|
| 504 (Fixed Asset) | _____ | \$ _____ |
| 7(a) (Working Capital) | | |
| SBA Express | _____ | \$ _____ |
| Patriot Express | _____ | \$ _____ |
| Export Express | _____ | \$ _____ |
| Community Advantage | _____ | \$ _____ |
| International Trade | _____ | \$ _____ |
| Other 7(a) (Specify): _____ | _____ | \$ _____ |
| Micro Loan | _____ | \$ _____ |
| Disaster | _____ | \$ _____ |
| Surety Bond | _____ | \$ _____ |

Other Financial Assistance

How Many?

Total Value

| | | |
|----------------------------|-------|----------|
| Other Federal Loans | _____ | \$ _____ |
| Non-Federal Loans | _____ | \$ _____ |
| SBIR Grants | _____ | \$ _____ |
| STTR Grants | _____ | \$ _____ |

Amount of Equity Capital Received \$ _____

OMB Approval No: _____

*Client Number: _____

Expiration Date: _____

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| Contracts/Subcontracts Received | How many? | Total Value |
|---------------------------------|-----------|-------------|
| Federal Government | _____ | \$ _____ |
| State Government | _____ | \$ _____ |
| Local Government | _____ | \$ _____ |
| Commercial | _____ | \$ _____ |

Certifications (Check all that apply)

- 8a
- Woman Owned Small Business
- Veteran/Service Disabled Veteran
- Hub zones
- Other _____ (specify, state, local, etc.)

50. As a result of the Technical Assistance service you were provided, since your last visit, did you:

- a. Create any jobs?** (Count self employed or sole proprietor as one job) Yes No If so, how many? _____
- b. Retain any jobs?** (Count self employed or sole proprietor as one job) Yes No If so, how many? _____
- c. Experience any revenue growth?** Yes No If so, how much? _____
- d. Experience any revenue growth related to exporting?** Yes No If so, how much? _____
- e. Open a business?** Yes No If so, how many? _____
- f. Export for the first time?** Yes No
- g. If you were already exporting, how many foreign market(s) did you enter that you had not exported to in the past?**

OMB Approval No: _____

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Appendix A to Question 23b.

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

| Asia | Asia | Africa | Africa | Caribbean |
|---------------------------------------|-----------------------------------------------|-------------------------------------------------------|------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Afghanistan | <input type="checkbox"/> Nepal | <input type="checkbox"/> Algeria | <input type="checkbox"/> Malawi | <input type="checkbox"/> Anguilla |
| <input type="checkbox"/> Bahrain | <input type="checkbox"/> Oman | <input type="checkbox"/> Angola | <input type="checkbox"/> Mali | <input type="checkbox"/> Antigua & Barbuda |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Pakistan | <input type="checkbox"/> Benin | <input type="checkbox"/> Mauritania | <input type="checkbox"/> Aruba |
| <input type="checkbox"/> Belarus | <input type="checkbox"/> Philippines | <input type="checkbox"/> Botswana | <input type="checkbox"/> Mauritius | <input type="checkbox"/> Bahamas |
| <input type="checkbox"/> Bhutan | <input type="checkbox"/> Qatar | <input type="checkbox"/> Burkina Faso | <input type="checkbox"/> Morocco | <input type="checkbox"/> Barbados |
| <input type="checkbox"/> Brunei | <input type="checkbox"/> Russia | <input type="checkbox"/> Burundi | <input type="checkbox"/> Mozambique | <input type="checkbox"/> Virgin Islands (British) |
| <input type="checkbox"/> Burma | <input type="checkbox"/> Saudi Arabia | <input type="checkbox"/> Cameroon | <input type="checkbox"/> Namibia | <input type="checkbox"/> Cayman Islands |
| <input type="checkbox"/> Cambodia | <input type="checkbox"/> Singapore | <input type="checkbox"/> Cape Verde | <input type="checkbox"/> Niger | <input type="checkbox"/> Cuba |
| <input type="checkbox"/> China | <input type="checkbox"/> Sri Lanka | <input type="checkbox"/> Central African Republic | <input type="checkbox"/> Nigeria | <input type="checkbox"/> Dominica |
| <input type="checkbox"/> East Timor | <input type="checkbox"/> Syria | <input type="checkbox"/> Chad | <input type="checkbox"/> Rwanda | <input type="checkbox"/> Dominican Republic |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Tajikistan | <input type="checkbox"/> Comoros | <input type="checkbox"/> Sao Tome and Principe | <input type="checkbox"/> Grenada |
| <input type="checkbox"/> Hong Kong | <input type="checkbox"/> Taiwan | <input type="checkbox"/> Congo | <input type="checkbox"/> Senegal | <input type="checkbox"/> Haiti |
| <input type="checkbox"/> India | <input type="checkbox"/> Thailand | <input type="checkbox"/> Democratic Republic of Congo | <input type="checkbox"/> Seychelles | <input type="checkbox"/> Jamaica |
| <input type="checkbox"/> Indonesia | <input type="checkbox"/> Turkey | <input type="checkbox"/> Cote d'Ivoire | <input type="checkbox"/> Sierra Leone | <input type="checkbox"/> Montserrat |
| <input type="checkbox"/> Iran | <input type="checkbox"/> Turkmenistan | <input type="checkbox"/> Djibouti | <input type="checkbox"/> Somalia | <input type="checkbox"/> Netherlands Antilles |
| <input type="checkbox"/> Iraq | <input type="checkbox"/> United Arab Emirates | <input type="checkbox"/> Egypt | <input type="checkbox"/> South Africa | <input type="checkbox"/> St. Kitts and Nevis |
| <input type="checkbox"/> Israel | <input type="checkbox"/> Uzbekistan | <input type="checkbox"/> Equatorial Guinea | <input type="checkbox"/> Sudan | <input type="checkbox"/> St. Lucia |
| <input type="checkbox"/> Japan | <input type="checkbox"/> Vietnam | <input type="checkbox"/> Eritrea | <input type="checkbox"/> Swaziland | <input type="checkbox"/> St. Vincent and Grenadines |
| <input type="checkbox"/> Jordan | <input type="checkbox"/> Yemen | <input type="checkbox"/> Ethiopia | <input type="checkbox"/> Tanzania | <input type="checkbox"/> Trinidad and Tobago |
| <input type="checkbox"/> Kazakhstan | | <input type="checkbox"/> Gabon | <input type="checkbox"/> Togo | |
| <input type="checkbox"/> Korea, North | | <input type="checkbox"/> Gambia | <input type="checkbox"/> Tunisia | |
| <input type="checkbox"/> Korea, South | | <input type="checkbox"/> Ghana | <input type="checkbox"/> Uganda | |
| <input type="checkbox"/> Kuwait | | <input type="checkbox"/> Guinea | <input type="checkbox"/> Zambia | |
| <input type="checkbox"/> Kyrgyzstan | | <input type="checkbox"/> Guinea-Bissau | <input type="checkbox"/> Zimbabwe | |
| <input type="checkbox"/> Laos | | <input type="checkbox"/> Kenya | | |
| <input type="checkbox"/> Lebanon | | <input type="checkbox"/> Lesotho | | |
| <input type="checkbox"/> Macau | | <input type="checkbox"/> Liberia | | |
| <input type="checkbox"/> Malaysia | | <input type="checkbox"/> Libya | | |
| <input type="checkbox"/> Maldives | | <input type="checkbox"/> Madagascar | | |
| <input type="checkbox"/> Micronesia | | | | |
| <input type="checkbox"/> Mongolia | | | | |