



REQUEST FOR COUNSELING

What we need to know about you...

We may use the contact information you provide below to send you (by mail, fax and/or email) notices of upcoming classes and special events, and other information we feel would be beneficial to your business venture. If you do **not** wish to be on our contact list, please check here .

Mr. Ms.	Mrs. Dr.	First Name:	MI:	Last Name:	
E-mail:		Web Site:	Position		Owner? Yes No
Work Phone:		Home Phone:	Fax:	Cell Phone:	
Personal Address:			City:		
State:		Zip Code:	County:		
Gender: Male Female		Race: Asian Black or African American Native American or Alaskan Native		Hispanic Origin: Non-Hispanic Hispanic Choose not to respond	
Veteran Status: Service-Disabled Veteran Veteran Non-Veteran Choose not to respond		Military Status: National Guard National Guard - Active Duty Reservist		Disabled: No Yes Choose not to respond	
		Native Hawaiian or Pacific Islander		White/Caucasian Choose not to respond	
		Reservist - Active Duty			

What we need to know about your business, if you're already in business...

Company Start Date:		Company Status: Preventure Start-Up In Business		
Company Name:			Business E-mail:	
Business Phone:			Business Fax:	
Employees: Full-Time: Part-Time:		For the most recent full year, what were your: Gross Revenue/Sales: \$		
Business Size: Certified SDB or SBA 8(a) Small Disadvantaged Small Large Minority-Owned Small Other Small Woman-Owned Small		Business Type: Choose not to respond Agriculture Construction Concern Financing Manufacturer or Producer Not In Business		Currently Involved in International Trade: Yes No
Research and Development		Service Establishment		
Retail Dealer		Surplus Dealer		
Wholesale Dealer				
Organization Type: Corporation Limited Liability Co. Non-profit Organization Other		Business Ownership Gender: Male Female (>50% woman-owned) Male/Female Choose not to Respond		Ownership Veteran Status: Veteran Service-Disabled Veteran Non-Veteran Choose not to respond
Partnership Sole Proprietorship Sub S Corporation Unknown				

Business Address: <i>(if different from Personal Address)</i>		City:
State:	Zip Code:	County:
Do you conduct business online? Yes No		Is this a home based business? Yes No

What Type of Assistance Do You Need?

Start-up	Marketing	Loan/Financial
Business Plan	Expansion	Other _____

Type of Business (describe your current business or the business you plan to start)

How did you learn of the Small Business Development Center?

Advertising/Marketing	College/University	Newspapers	Training Seminar
Bank _____	Internet	PTA Program	Yellow Pages
Chamber of Commerce	Local EDC	SBA Network Program	Other
Client/Word of Mouth	Media - TV/Radio	SBDC	

Please specify referral source. _____

I request free consulting services from the University of Houston Small Business Development Center Network, which is a resource partner of the U.S. Small Business Administration.
 I agree to participate when I am asked to complete surveys designed to evaluate those consulting services.
 I permit SBA or its agent the use of your contact information for SBA surveys and information mailings regarding SBA products and services? Yes No
 I understand that my consultant(s) will hold all information I provide in confidence to the extent allowable by Texas State Law.
 I understand that the Small Business Development Center has agreed not to 1) recommend goods and services from sources in which an individual consultant has an interest; 2) accept fees or commissions for consulting services. In consideration of the provision of management and/or technical assistance by a consultant, I agree to waive all claims against the consultant, the Small Business Development Center and its host organizations, and against Small Business Administration personnel.

Signature:	Date:
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(For Center Use Only)

Center:	Primary Counselor:	Client ID:
Federal Congressional District: (Personal)	State Representative District: (Personal)	State Senate District: (Personal)
Federal Congressional District: (Business)	State Representative District: (Business)	State Senate District: (Business)
SBA Client Type:	8(a) & Borrower Applicant Procurement Assistance	
	8(a) & Surety Bond Borrower Surety Bond None	
	8(a) Client COC Technical Assistance	
Located in HUBZone?	Certified HUBZone?	Distressed Area?
NAICS Code(s):		
PSC Code(s):		
Harmonized		
Product/Service Description:		



What you need to know about us....

- We **do not charge** for consulting services, but we do charge fees for workshops, seminars, special events and specialty services.
- We keep what you tell us **confidential** to the extent allowable by law.
- We will not use anything you tell us to benefit the SBDC or any of our staff, nor will we use what you tell us to the detriment of any of our clients.
- We maintain public resumes of all our consultants so that you can review your consultant's professional experience, outside employment, and previous and current business ownership or interests.
- We provide consulting services to clients in all fields and industries, and your consultant may work with other clients whose businesses are similar to yours and even in direct competition with yours.
- We **do not make loans or influence loan decisions**, although we can assist you with determining your financial requirements and preparing and submitting a loan application.
- We will ask you for current financial and operating data about your business in order to provide more comprehensive assistance.
- We will make suggestions and recommendations to you as appropriate, but **we will not make business decisions** or judgments for you. Our purpose is to provide education and assistance, but not to do the work for you.
- We might provide advice that seems unfavorable to your business idea, but our intent is to encourage you to fully explore all the possibilities involved in starting or operating a business.
- If you work with our Procurement Technical Assistance Center (PTAC), we will ask you to provide a signed statement indicating whether PTAC assistance resulted in your company receiving any contract or subcontract award, and we will ask you to provide the specifics of those awards.
- We expect that you will help us monitor and improve our programs and services by completing periodic surveys.
- We might ask for your written permission to use your name and/or photograph as well as information about your business, for promotional or publicity purposes.
- We make every effort to provide prompt, courteous, and professional services within the time frame requested; however, we do not make any warranties or guaranties regarding these services as voluntarily rendered.

Please sign and date to indicate you have read and understand the above conditions.

Signature

Date