



MASSACHUSETTS SMALL BUSINESS DEVELOPMENT CENTER

U.S. Small Business Administration

Request for Counseling (SF641)



PLEASE PRINT

Contact Information and Business Information (If In Business) form with fields for Lead Customer Name, Position Title, Home Address, Home Telephone, Cell Phone, Email Address, Date of Birth, Business Name, Business Address, Business City, State & Zip, Business Telephone, Business Fax, Other Phone, Website, and Business Description.

I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes No). I understand that any information discussed will be held in strict confidence. (SBA will not provide your personal information to commercial entities I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agree to not: 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 SBA personnel and that of its Resource Partners and host organizations, arising from this assistance.

Client Signature: _____ Date: _____

Race (mark one or more), Gender, Veteran Status, Ethnicity, Do you consider yourself a person with a disability?, and Military Status form.

Type of Business for which you are seeking assistance or contemplating starting: (Choose best category) form with multiple checkboxes for various business categories.

What prompted you to contact us? (mark all that apply) form with checkboxes for Business Owner, Chamber of Commerce, Educational Institution, Internet, Lender, Local Economic Dev. Official, Magazine, Newspaper, Other Client, SBA District, SBA Website, Television/Radio, Word of Mouth, and Other (specify).

What is the nature of the counseling you are seeking? (Choose primary category) form with checkboxes for Business Accounting/Budget, Business Plan, Buy/Sell Business, Cash Flow Management, Customer Relations, eCommerce, Financing/Capital, Franchising, Government Contracting, Human Resources/Managing Employees, International Trade, Managing A Business, Legal Issues, Marketing/Sales, Tax Planning, and Technology/Computers.

Describe specific assistance requested in the space provided:

If you came to the SBDC seeking financing for a proposed or existing business, please check

Are you currently in business? Business Ownership, Do you conduct business online?, Are you a home-based business?, Are you 8(a) certified?, Total number of employees, For the most recent full business year, what were your: Gross Revenue/Sales, +Profits/-Losses, What is the legal entity of your business? form.

**Massachusetts Small Business Development Center Network
Request for Counseling**

Client Rights and Responsibilities

This is a request for management and/or technical assistance from the Massachusetts Small Business Development Center located at the Clark University, 950 Main Street, Worcester MA, a subcontractor of the University of Massachusetts Amherst, a state University with the Commonwealth of Massachusetts under Chapter 648 of the Acts of 1962, as amended under a cooperative agreement number 10-603001-Z-0022-30 partially funded by the U.S. Small Business Administration and the Massachusetts Department of Business Development.

It is understood that such assistance will be provided to me free of charge and that I incur no obligation to reimburse the MSBDC or its counselor(s) providing such assistance, unless otherwise agreed to by both parties in writing.

It is understood that the MSBDC will not authorize release of information given, except when required under applicable federal and state statutes, rules and regulations. It is understood that release of such information will be made available for purposes of financial audits by the parties mentioned above in paragraph one.

I understand that the counselor(s) providing assistance to me have agreed that they will not: 1) Recommend the purchase of goods or services in which he/she has an interest in or represents and 2) accept fees or commissions from third parties who have supplied goods or services to me on their recommendations.

The company and/or the MSBDC may terminate this request by giving written notice to the other. In consideration of furnishing you and/or your business with management and technical assistance, you agree to indemnify and hold harmless the University, its trustees, officers, employees, and all other parties mentioned in paragraph one above from any and all claims or liability in connection with this assistance.

In return for assistance, the client agrees to cooperate with the Massachusetts Small Business Development Center by providing information requested in a timely manner for counseling purposes. Also, the client agrees to return qualitative data information concerning services rendered within ten (10) days of termination of counseling and to provide impact data which may be requested, including a one year follow-up.