



**MASSACHUSETTS SMALL BUSINESS DEVELOPMENT CENTER**  
U.S. Small Business Administration Request for Counseling (SF641)



PLEASE PRINT or TYPE

| Contact Information             |            | Business Information (if applicable) |                    |
|---------------------------------|------------|--------------------------------------|--------------------|
| Lead Customer Name              |            | Business Name                        |                    |
| Position Title                  |            | Business Address                     |                    |
| Home Address                    |            | Business City, State & Zip (plus 4)  |                    |
| Home City, State & Zip (plus 4) |            | Business Telephone                   |                    |
| Home Telephone                  | Cell Phone | Business Fax                         | Other Phone (Cell) |
| Email Address                   |            | Website                              |                    |
| Date of Birth                   |            | Business Description                 |                    |

I request business advisory services 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 informational 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 business advisor(s). I further understand that the advisor(s) agree 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 business relationship. In consideration of the advisor(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:** \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>Race (mark all that apply)</b><br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><br><b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | <b>Gender</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female  | <b>Veteran Status</b><br><input type="checkbox"/> Non-Veteran<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Service-Disabled Veteran |
|   | <b>Do you consider yourself a person with a disability?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Military Status</b><br><input type="checkbox"/> Member of Reserve or National Guard<br><input type="checkbox"/> On Active Duty                      |

**Type of Business for which you are seeking assistance or contemplating starting:** (choose one best category)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Agriculture, Forestry, Fishing, Hunting | <input type="checkbox"/> Transportation & Warehousing                  | <input type="checkbox"/> Educational Services                          |
| <input type="checkbox"/> Mining                                  | <input type="checkbox"/> Information                                   | <input type="checkbox"/> Health Care & Social Assistance               |
| <input type="checkbox"/> Utilities                               | <input type="checkbox"/> Finance & Insurance                           | <input type="checkbox"/> Accommodation & Food Service                  |
| <input type="checkbox"/> Construction                            | <input type="checkbox"/> Real Estate & Rental & Leasing                | <input type="checkbox"/> Arts, Entertainment & Recreation              |
| <input type="checkbox"/> Manufacturing                           | <input type="checkbox"/> Professional, Scientific & Technical Services | <input type="checkbox"/> Waste Management & Remediation Services       |
| <input type="checkbox"/> Wholesale Trade                         | <input type="checkbox"/> Management of Companies & Enterprises         | <input type="checkbox"/> Public Administration                         |
| <input type="checkbox"/> Retail Trade                            | <input type="checkbox"/> Administrative & Support                      | <input type="checkbox"/> Other Services (except Public Administration) |

**Who were you referred by?** (mark all that apply)

|  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> Business Owner          | <input type="checkbox"/> Lender                       | <input type="checkbox"/> Other Client        | <input type="checkbox"/> SCORE                 | <input type="checkbox"/> Internet _____ |
| <input type="checkbox"/> Chamber of Commerce     | <input type="checkbox"/> Local Economic Dev. Official | <input type="checkbox"/> SBA District Office | <input type="checkbox"/> WBC                   |   |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Magazine/Newspaper           | <input type="checkbox"/> SBA Website         | <input type="checkbox"/> Word of Mouth         |   |
| <input type="checkbox"/> SBDC                    | <input type="checkbox"/> Television/Radio             | <input type="checkbox"/> USEAC               | <input type="checkbox"/> Other (specify) _____ |   |

**What is the nature of the counseling you are seeking?** (mark all that apply)

|  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Start-up Assistance | <input type="checkbox"/> International Trade  | <input type="checkbox"/> Government Contracting               | <input type="checkbox"/> Legal Issues           |
| <input type="checkbox"/> Business Plan       | <input type="checkbox"/> e-Commerce           | <input type="checkbox"/> Human Resources / Managing Employees | <input type="checkbox"/> Marketing / Sales      |
| <input type="checkbox"/> Financing / Capital | <input type="checkbox"/> Cash Flow Management | <input type="checkbox"/> Customer Relations                   | <input type="checkbox"/> Tax Planning           |
| <input type="checkbox"/> Managing a Business | <input type="checkbox"/> Franchising          | <input type="checkbox"/> Business Accounting / Budget         | <input type="checkbox"/> Technology / Computers |
| <input type="checkbox"/> Buy/Sell Business   |   |   |   |

**Describe specific assistance requested:** \_\_\_\_\_

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

|   |  |   |  |
|---|--|---|--|
| <b>Are you currently in business?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, stop here.</i><br><br><b>Date business started:</b><br>_____<br><br><b>If yes, are you currently exporting?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If yes, please complete Appendix A.</i> | <b>Business Ownership:</b> What percentage of your business is male or female-owned?<br>_____ Male _____ Female<br><br><b>Are you a home-based business?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Do you conduct business online?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>What is the legal entity of your business?</b><br><input type="checkbox"/> Corporation <input type="checkbox"/> LLC<br><input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation<br><input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Other _____ | <b>Total number of employees:</b><br>Full Time _____<br>Part Time _____<br><br><b>Of the total employees, how many are engaged in the exporting aspect of your business?</b><br>Full Time _____<br>Part Time _____ |
|---|--|---|--|

|  |   |
|--|---|
| <b>For the most recent full business year, what were your...</b><br>Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____<br><b>Amount of your gross revenues/sales related to exporting?</b> \$ _____ | <b>Certifications:</b><br><input type="checkbox"/> 8(a) <input type="checkbox"/> HUBZone <input type="checkbox"/> Women-Owned Small Business<br><input type="checkbox"/> Other (special state, local, etc.) _____ |
|--|---|

**Appendix A**

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

| Asia   | Africa   | Caribbean  | Central America  | North America  |
|--|--|--|--|--|
| <input type="checkbox"/> Afghanistan<br><input type="checkbox"/> Bahrain<br><input type="checkbox"/> Bangladesh<br><input type="checkbox"/> Belarus<br><input type="checkbox"/> Bhutan<br><input type="checkbox"/> Brunei<br><input type="checkbox"/> Burma<br><input type="checkbox"/> Cambodia<br><input type="checkbox"/> China<br><input type="checkbox"/> East Timor<br><input type="checkbox"/> Georgia<br><input type="checkbox"/> Hong Kong<br><input type="checkbox"/> India<br><input type="checkbox"/> Indonesia<br><input type="checkbox"/> Iran<br><input type="checkbox"/> Iraq<br><input type="checkbox"/> Israel<br><input type="checkbox"/> Japan<br><input type="checkbox"/> Jordan<br><input type="checkbox"/> Kazakhstan<br><input type="checkbox"/> Korea, North<br><input type="checkbox"/> Korea, South<br><input type="checkbox"/> Kuwait<br><input type="checkbox"/> Kyrgyzstan<br><input type="checkbox"/> Laos<br><input type="checkbox"/> Lebanon<br><input type="checkbox"/> Macau<br><input type="checkbox"/> Malaysia<br><input type="checkbox"/> Maldives<br><input type="checkbox"/> Micronesia<br><input type="checkbox"/> Mongolia<br><input type="checkbox"/> Nepal<br><input type="checkbox"/> Oman<br><input type="checkbox"/> Pakistan<br><input type="checkbox"/> Philippines<br><input type="checkbox"/> Qatar<br><input type="checkbox"/> Russia<br><input type="checkbox"/> Saudi Arabia<br><input type="checkbox"/> Singapore<br><input type="checkbox"/> Sri Lanka<br><input type="checkbox"/> Syria<br><input type="checkbox"/> Tajikistan<br><input type="checkbox"/> Taiwan<br><input type="checkbox"/> Thailand<br><input type="checkbox"/> Turkey<br><input type="checkbox"/> Turkmenistan<br><input type="checkbox"/> United Arab Emirates<br><input type="checkbox"/> Uzbekistan<br><input type="checkbox"/> Vietnam<br><input type="checkbox"/> Yemen | <input type="checkbox"/> Algeria<br><input type="checkbox"/> Angola<br><input type="checkbox"/> Benin<br><input type="checkbox"/> Botswana<br><input type="checkbox"/> Burkina Faso<br><input type="checkbox"/> Burundi<br><input type="checkbox"/> Cameroon<br><input type="checkbox"/> Cape Verde<br><input type="checkbox"/> Central African Republic<br><input type="checkbox"/> Chad<br><input type="checkbox"/> Comoros<br><input type="checkbox"/> Congo<br><input type="checkbox"/> Democratic Republic of Congo<br><input type="checkbox"/> Cote d'Ivoire<br><input type="checkbox"/> Djibouti<br><input type="checkbox"/> Egypt<br><input type="checkbox"/> Equatorial Guinea<br><input type="checkbox"/> Eritrea<br><input type="checkbox"/> Ethiopia<br><input type="checkbox"/> Gabon<br><input type="checkbox"/> Gambia<br><input type="checkbox"/> Ghana<br><input type="checkbox"/> Guinea<br><input type="checkbox"/> Guinea-Bissau<br><input type="checkbox"/> Kenya<br><input type="checkbox"/> Lesotho<br><input type="checkbox"/> Liberia<br><input type="checkbox"/> Libya<br><input type="checkbox"/> Madagascar<br><input type="checkbox"/> Malawi<br><input type="checkbox"/> Mali<br><input type="checkbox"/> Mauritania<br><input type="checkbox"/> Mauritius<br><input type="checkbox"/> Morocco<br><input type="checkbox"/> Mozambique<br><input type="checkbox"/> Namibia<br><input type="checkbox"/> Niger<br><input type="checkbox"/> Nigeria<br><input type="checkbox"/> Rwanda<br><input type="checkbox"/> Sao Tome and Principe<br><input type="checkbox"/> Senegal<br><input type="checkbox"/> Seychelles<br><input type="checkbox"/> Sierra Leone<br><input type="checkbox"/> Somalia<br><input type="checkbox"/> South Africa<br><input type="checkbox"/> Sudan<br><input type="checkbox"/> Swaziland<br><input type="checkbox"/> Tanzania<br><input type="checkbox"/> Togo<br><input type="checkbox"/> Tunisia<br><input type="checkbox"/> Uganda<br><input type="checkbox"/> Zambia<br><input type="checkbox"/> Zimbabwe | <input type="checkbox"/> Anguilla<br><input type="checkbox"/> Antigua & Barbuda<br><input type="checkbox"/> Aruba<br><input type="checkbox"/> Bahamas<br><input type="checkbox"/> Barbados<br><input type="checkbox"/> Virgin Islands (British)<br><input type="checkbox"/> Cayman Islands<br><input type="checkbox"/> Cuba<br><input type="checkbox"/> Dominica<br><input type="checkbox"/> Dominican Republic<br><input type="checkbox"/> Grenada<br><input type="checkbox"/> Haiti<br><input type="checkbox"/> Jamaica<br><input type="checkbox"/> Montserrat<br><input type="checkbox"/> Netherlands Antilles<br><input type="checkbox"/> St. Kitts and Nevis<br><input type="checkbox"/> St. Lucia<br><input type="checkbox"/> St. Vincent and Grenadines<br><input type="checkbox"/> Trinidad and Tobago | <input type="checkbox"/> Belize<br><input type="checkbox"/> Costa Rica<br><input type="checkbox"/> El Salvador<br><input type="checkbox"/> Guatemala<br><input type="checkbox"/> Honduras<br><input type="checkbox"/> Mexico<br><input type="checkbox"/> Nicaragua<br><input type="checkbox"/> Panama  | <input type="checkbox"/> Bermuda<br><input type="checkbox"/> Canada  |
|  |  |  | <b>Europe</b>  | <b>South America</b>   |
|  |  |  | <input type="checkbox"/> Austria<br><input type="checkbox"/> Azerbaijan<br><input type="checkbox"/> Albania<br><input type="checkbox"/> Armenia<br><input type="checkbox"/> Belgium<br><input type="checkbox"/> Bosnia-Herzegovina<br><input type="checkbox"/> Bulgaria<br><input type="checkbox"/> Croatia<br><input type="checkbox"/> Cyprus<br><input type="checkbox"/> Czech Republic<br><input type="checkbox"/> Denmark<br><input type="checkbox"/> Estonia<br><input type="checkbox"/> Finland<br><input type="checkbox"/> France<br><input type="checkbox"/> Germany<br><input type="checkbox"/> Greece<br><input type="checkbox"/> Hungary<br><input type="checkbox"/> Iceland<br><input type="checkbox"/> Ireland<br><input type="checkbox"/> Latvia<br><input type="checkbox"/> Liechtenstein<br><input type="checkbox"/> Lithuania<br><input type="checkbox"/> Luxembourg<br><input type="checkbox"/> Macedonia<br><input type="checkbox"/> Malta<br><input type="checkbox"/> Moldova<br><input type="checkbox"/> Monaco<br><input type="checkbox"/> Montenegro<br><input type="checkbox"/> Netherlands<br><input type="checkbox"/> Norway<br><input type="checkbox"/> Poland<br><input type="checkbox"/> Portugal<br><input type="checkbox"/> Romania<br><input type="checkbox"/> Serbia<br><input type="checkbox"/> Slovak Republic<br><input type="checkbox"/> Slovenia<br><input type="checkbox"/> Spain<br><input type="checkbox"/> Sweden<br><input type="checkbox"/> Switzerland<br><input type="checkbox"/> Turkey<br><input type="checkbox"/> Ukraine<br><input type="checkbox"/> United Kingdom<br><input type="checkbox"/> Vatican City | <input type="checkbox"/> Argentina<br><input type="checkbox"/> Bolivia<br><input type="checkbox"/> Brazil<br><input type="checkbox"/> Chile<br><input type="checkbox"/> Colombia<br><input type="checkbox"/> Ecuador<br><input type="checkbox"/> Guyana<br><input type="checkbox"/> Paraguay<br><input type="checkbox"/> Peru<br><input type="checkbox"/> Suriname<br><input type="checkbox"/> Uruguay<br><input type="checkbox"/> Venezuela   |
|  |  |  |  | <b>Oceania</b>   |
|  |  |  |  | <input type="checkbox"/> Australia<br><input type="checkbox"/> New Zealand<br><input type="checkbox"/> Cook Islands<br><input type="checkbox"/> Fiji<br><input type="checkbox"/> Kiribati<br><input type="checkbox"/> Marshall Islands<br><input type="checkbox"/> Nauru<br><input type="checkbox"/> Palau<br><input type="checkbox"/> Papua New Guinea<br><input type="checkbox"/> Samoa<br><input type="checkbox"/> Solomon Islands<br><input type="checkbox"/> Tonga<br><input type="checkbox"/> Tuvalu<br><input type="checkbox"/> Vanuatu |
|  |  |  |  | <b>Other</b>   |
|  |  |  |  | <input type="checkbox"/> Subcontractor for Exporter<br><input type="checkbox"/> Sell to fill-freight   |

**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, 125 Woodland St, Carriage House, First Floor Right, 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 11-603001-Z-0022-31 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.