



REQUEST FOR SERVICES
(FORM 641)

SBDC OFFICE USE ONLY	
Center:	
Client ID:	
Type of Client:	<input type="checkbox"/> Face to face <input type="checkbox"/> Online <input type="checkbox"/> Telephone

PART I: Contact Information

Client Name (name of the person completing the form/representative of the business)
 Sal: _____ First: _____ MI: _____ Last: _____

Email Address _____

Telephone
 Work: _____ Home: _____ Fax: _____ Cell: _____

Street Address (business address if currently in business; home address if not in business) _____

City _____ State _____ Zip Code (9 digits) _____ County _____

PART II: Client Intake (to be completed by client)

1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	2. Race (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White or Caucasian
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3. Hispanic Origin <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	4. Veteran Status <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	5. Current Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty <input type="checkbox"/> None	6. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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7. Are you currently in business? <input type="checkbox"/> Yes (Continue to question 8) ☺ <input type="checkbox"/> No (Skip to question 22) ☹	8. Are you currently exporting? <input type="checkbox"/> Yes. Complete page 3; indicate currently-exporting markets. <input type="checkbox"/> No	9. Name of Business _____
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10. Business Email Address _____	11. Business Website Address _____	12. Start date of business Month _____ Date _____ Year _____
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13. Total number of employees _____ Full time _____ Part time _____ Involved in exporting	14. What percentage of your business is male or female ownership? _____ % Male _____ % Female	15. What is the veteran status of the ownership? <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Non-Veteran	16. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
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17. Type of Business (mark only one - primary business category)

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

18. What is the legal entity of your business? <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Other (specify) _____	19. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Are you a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No
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21. For your most recent full business year, what were your:
 Gross Revenue/Sales: \$ _____ Sales related to exporting: \$ _____ Profit/Loss: \$ _____

22. What is the primary product or service of business/aspiring business?

23. What prompted you to contact the MNSBDC? (check all that apply)

<input type="checkbox"/> Bank/Lender	<input type="checkbox"/> Local Economic Development Official	<input type="checkbox"/> SBA District	<input type="checkbox"/> SBA Website
<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Magazine/Newspaper	<input type="checkbox"/> Television/Radio	
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Other Business Owner	<input type="checkbox"/> Word of Mouth	
<input type="checkbox"/> Internet/Website	<input type="checkbox"/> Other SBDC Client	<input type="checkbox"/> Other (specify) _____	

24. What is the nature of counseling you are seeking? (mark only one - primary counseling category)

<input type="checkbox"/> Start-up Assistance (How do I start a business?)	<input type="checkbox"/> Business Plan Development	<input type="checkbox"/> Government Contracting
<input type="checkbox"/> Financing/Capital (e.g., applying for a loan, building equity capital)	<input type="checkbox"/> Managing a Business	<input type="checkbox"/> Franchising
<input type="checkbox"/> Marketing/Sales (e.g., promotion, market research, bring to market, pricing, etc.)	<input type="checkbox"/> Customer Relations	<input type="checkbox"/> Technology/Computers
	<input type="checkbox"/> Human Resources/Managing Employees	<input type="checkbox"/> eCommerce (using the Internet to do business)
	<input type="checkbox"/> Business Accounting/Budgets	<input type="checkbox"/> Legal Issues (e.g., Should I incorporate?)
	<input type="checkbox"/> Cash Flow Management	<input type="checkbox"/> International Trade
	<input type="checkbox"/> Tax Planning/Considerations	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> Buy/Sell Business	

25. Describe the specific issue or assistance requested.

REQUEST FOR COUNSELING NOTICE TO CLIENTS

The information requested on the Request for Counseling Form (SBA Form 641) will assist the Minnesota Small Business Development Centers (SBDC) in serving you and responding to sponsors' requests for information about SBDC performance. As a matter of law, SBDCs may not disclose the name, address, or telephone number of any individual or small business concern receiving assistance without the consent of such individual, unless specifically instructed to do so under court order or required by law. Except for signing this form, you are not required to provide any of the requested information as a condition of receiving service. Other non-personal information you provide may be considered public. Please read the notices below for important information concerning data collected and used by the SBDC program and the U.S. Small Business Administration (SBA).

By signing this form, you agree, if selected, to participate in surveys designed to evaluate the services and impact of the Minnesota SBDC program. Any information disclosed in such surveys will be held in strict confidence. **THE SBDC WILL NOT PROVIDE PERSONAL INFORMATION TO COMMERCIAL OR OTHER THIRD PARTY ENTITIES UNLESS REQUIRED TO BY LAW.** You may elect not to participate in surveys and informational mailings by initialing here:

_____ *I do not wish to participate in surveys conducted to evaluate the services and impact of the Minnesota SBDC program.*

By signing this form, you further understand that Minnesota SBDC counselors are prohibited from: (1) recommending goods or services from sources in which the counselor has an interest and (2) accepting fees or commissions developing from the counseling relationship. In consideration of the counselor furnishing management or technical assistance, you waive all claims against the U.S. SBA and the Minnesota SBDC program and its resource partners, any of its independent contractors and host organizations, and their personnel, arising from the assistance.

Notification of Federal and State Laws Pertaining to Data Collection and Use of Data:

To comply with legislation passed by the Congress and Executive Orders issued by the President, Federal executive agencies, including the SBA, must notify you of certain information. You can find the regulations and policies implementing these laws and Executive Orders in Title 13, Code of Federal Regulations (CFR), Chapter 1, or SBA's Standard Operating Procedures (SOPs). In order to provide the required notices, the following is a brief summary of the various federal laws and Executive Orders that affect SBA's entrepreneurial development programs, including the Minnesota SBDC program.

Paperwork Reduction Act (44 U.S.C. § 3501). The Minnesota SBDC, funded in part by the U.S. SBA, is collecting the information on this form in order to facilitate business assistance services to its clients and for agency analysis related to the operation and management of its entrepreneurial development programs. Periodically, the SBA may use some of the non-personal information collected on this form to produce summary reports for program and management analysis, as required by law. SBA also intends to use the individual client data to select participants for follow-up surveys designed to evaluate SBA assistance services, including the Minnesota SBDC.

PLEASE NOTE: The estimated burden for completing this information is 18 minutes. Your responses to the requested information are voluntary under these programs. If you have questions or comments concerning any aspect of this information, please contact the U.S. SBA Information Branch, Washington, DC 20416 and/or Desk Officer for the SBA, Office of Management and Budget, Office of Information Regulatory Affairs, 725 17th St., NW, Washington, DC 20503.

Privacy Requirements (15 U.S.C § 648(a)). This law provides that an SBDC, consortium of SBDCs, or contractor or agent of an SBDC may not disclose the name, address, or telephone number of any individual or small business concern receiving assistance under 21(a) of the Small Business Act without the consent of such individual or small business concern, unless ordered to make such a disclosure by a court or for program audit purposes. In such cases, such information is highly restricted in its use.

Freedom of Information Act (5 U.S.C. § 552). This law provides, with some exceptions, that SBA must supply information in its files and records to a person requesting it. This generally includes statistical data on SBA's business assistance programs, including the Minnesota SBDC, which are in aggregate. SBA does not make available a client's proprietary data without first doing pre-notification, as required by Executive Order 12600, or provide information that would cause competitive harm or constitute a clearly unwarranted invasion of personal privacy.

Address a request under this Act to the appropriate SBA office and identify it as a Freedom of Information Act request. For information about the Freedom of Information Act, contact Chief, Freedom of Information/Privacy Act Office, U.S. Small Business Administration, 409 3rd St., SW, Suite 5900, Washington, DC 20416.

Minnesota Data Practices Act (Minnesota Statutes Chapter 13). Under the Minnesota Data Practices Act, all information collected by government entities, including the Minnesota SBDCs, is public unless a specific law classifies it otherwise. SBDCs do not, as a matter of practice, disclose client information to third parties. You should be aware, however, that information you supply while a client of the SBDC may be considered public information under the Minnesota Data Practices Act and may need to be disclosed if a Data Practices Act request is made. Information you supply while a client of the Minnesota SBDC will be used by the counselor during the counseling relationship and may be aggregated with data supplied by other clients to produce statistical reports. Individuals or specific business information will not be identified in such reports. You are not legally required to supply the requested information, although your failure to fully disclose pertinent information may affect the outcome of the counseling.



Client Signature	Date
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SBDC OFFICE USE ONLY					
Counselor/Reviewer Signature					Date
MIS Inputer	Primary Counselor	NAICS (6-digit)	Federal Cong District	State Rep District	State Senate District

