

WISCONSIN SMALL BUSINESS DEVELOPMENT CENTER

Joint Counseling Agreement

As a **client** of the Small Business Development Center I agree to:

- Identify goals and objectives that I would like accomplished as a result of the SBDC counseling
- Communicate honestly and openly so that goals and objectives will be accomplished and counseling will be effective
- Provide feedback and assessment of counseling sessions
- Complete in a timely manner actions agreed upon between counselor and myself. This will assist in achieving my goals and objectives
- Communicate to the counselor in advance, changes in counseling appointments

As a **counselor** of the Small Business Development Center, which is a partner in the Wisconsin Entrepreneurs' Network, I agree to:

- Keep all information confidential within the Wisconsin Entrepreneurs' Network
- Communicate honestly and openly so that goals and objectives will be accomplished and counseling will be effective
- Provide feedback, advice, and guidance
- Complete in a timely manner actions agreed upon between client and myself. This will assist in achieving client's goals and objectives
- Communicate to the client in advance, changes in counseling appointments

Request for counseling

I request business management counseling from a Small Business Administration resource partner, the Small Business Development Center. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA assistance services. I understand that any information received by an SBA resource partner counselor will be held in strict confidence by the counselor to the extent allowable by law.

I further understand that SBA resource partner counselors have agreed not to: (1) recommend goods or services from sources in which the individual counselor has an interest; and (2) accept fees or commissions developing from any SBA resource partner counselors. In consideration of the provision of management and/or technical assistance by a resource partner counselor, I agree to waive all claims arising out of this assistance, against SBA personnel, the resource partner from whom I sought assistance, its host organizations, and the counselor(s) arising from this assistance.



Client Signature

Date

Counselor Signature

Date

REQUEST FOR COUNSELING

WISCONSIN SBDC

Case Number: _____
(Assigned by SBDC)

SECTION 1

Client Name: _____
First, Middle, Last Salutation Mr/Mrs/Ms/Dr

Telephone Numbers: _____
Home # Business # (If applicable)

Fax # _____ Email Address: _____ Website: _____

Mailing Address: _____
Street Address City State Zip County

SECTION 2

Race and Ethnicity

(Mark all that apply)

- Asian
- Black or African American
- Native American or Alaska Native
- Native Hawaiian or Pacific Islander
- White
- Hispanic Origin

Veteran Status

(Select all that apply)

- Veteran
- Service Disabled Veteran
- Non-Veteran

Gender

- Male
- Female

Disabled?

- Yes No

Military Status

- Reserve/National Guard
- On Active Duty

What inspired you to contact us?

(Mark all that apply)

- Bank/Lender
- Business Owner
- Chamber of Commerce
- Educational Institution
- Internet
- Local Economic Development Official
- Magazine
- Newspaper
- Other Client
- SBA
- Television/Radio
- Word of Mouth
- Other (specify:)

What is the nature of the counseling you are seeking?

(Choose primary category)

- Buy/Sell a Business
- Business Accounting/Budget
- Business Plan
- Cash Flow Management
- Customer Relations
- eCommerce (using internet for business)
- Financing/Capital (applying for loans, building equity capital)
- Franchising
- Government Contracting (including certifications)
- Human Resource/Managing employees
- International Trade
- Legal Issues (e.g., should I incorporate?)
- Managing a business
- Marketing/Sales (promotion, market research, pricing, etc.)
- Start up assistance
- Tax Planning
- Technology/Computers

Describe specific assistance requested:

SECTION 3

In Business?

Yes No

Business Name:

Business Started (MM/DD/YYYY): _____

Do you conduct business online?

Yes No

Is this a home based business?

Yes No

Business Ownership

What percentage of ownership is male or female ownership?

_____ % Male

_____ % Female

Legal entity of Business

- Sole - Proprietorship
- S-Corporation
- Corporation
- Partnership
- LLC
- Other (specify) _____

Number of employees:

full-time: _____ part-time: _____

For your most recent business year, what were your:

Gross Revenue/Sales: \$ _____

+Profits/-Losses: \$ _____

Type of Business (Choose primary category)

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

SECTION 4

Associate #1

_____ Last

_____ First Middle Initial

Associate Gender:

Male Female

Family Member of Client Identified on Section 1?

Yes No

Associate Race & Ethnicity:

- Alaskan Native or Native American
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Associate #2

_____ Last

_____ First Middle Initial

Associate Gender:

Male Female

Family Member of Client Identified on Section 1?

Yes No

Associate Race & Ethnicity:

- Alaskan Native or Native American
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White