

# REQUEST FOR SERVICES

Welcome to the Sierra College Small Business Development Center (SBDC). Please complete this form as completely as possible. This information will be kept in strict confidence. The more thorough and accurate this information, the more proficient our business counselors can be in assisting you to grow a profitable business. Together we will regularly revisit your financial and business information to measure changes. We look forward to helping you track the growth and success of your business.

Name of Your Business: \_\_\_\_\_

Your Name(s): \_\_\_\_\_

Mr.  Mrs.  Ms.  Dr.

Are you the business owner?  Yes  No Your Position in the Company: \_\_\_\_\_

Web Site: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax No: (\_\_\_\_)\_\_\_\_-\_\_\_\_

## Business Size:

- Disadvantaged Small
- Certified SDB or SBA 8(a) Small
- Woman-Owned Small
- Minority-Owned Small
- Other Small

## Business Type:

- Manufacturer/Producer
- Service
- Educational
- Health Care
- Agriculture
- Accomodation/Food SVC
- Construction
- Research/Dev.
- Surplus Dealer
- Financing
- Arts & Entertainment
- Retail
- Wholesale

## Organization Type:

- Sole Proprietor
- Partnership
- Non-Profit
- Corporation
- Limited Liability.
- Sub S Corp.
- State of Inc. \_\_\_\_\_

Business Federal Employer Identification No. (EIN No.) \_\_\_\_\_

(If you are a sole proprietor with no employees, your EIN No. is your social security number.)

## Personal Mailing Address:

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Business Address:

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Will you be a home-based business:  Yes  No Date Business Established: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hub Zone?  Yes  No

If business owner please fill out business related information.

Full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_

## Company Gender:

- Female (>50% woman-owned)
- Male
- Male/Female

## Company Veteran Status:

- Non-Veteran
- Service-Disabled Veteran
- Veteran

## Business Status:

- Pre-Venture
- In Business

## International Trade"

- Yes
- No

Please be sure to complete both sides. Thank you!

revised 08/2006

**Race**

- Native American/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific
- White/Caucasian

**Hispanic Origin**

- Hispanic
- Non- Hispanic

**Military Status**

- Non-Veteran
- Veteran
- Service Disabled Veteran
- National Guard
- National Guard- Active
- Reservist Active
- Reservist

**SBA Client Type**

- None
- Borrower
- Applicant
- Surety Bond
- COC
- 8(a) Client
- 8(a) Borrower
- 8(a) S Bond

**How Did You Hear About Us?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accountant                | <input type="checkbox"/> Faculty          | <input type="checkbox"/> SBA              |
| <input type="checkbox"/> Advertising/Marketing     | <input type="checkbox"/> Legal Counselor  | <input type="checkbox"/> SBDC             |
| <input type="checkbox"/> Bank                      | <input type="checkbox"/> Local EDC        | <input type="checkbox"/> SCORE            |
| <input type="checkbox"/> Chamber of Commerce       | <input type="checkbox"/> Media – TV/Radio | <input type="checkbox"/> Training Seminar |
| <input type="checkbox"/> Client/Word-of-Mouth      | <input type="checkbox"/> Network Agency   | <input type="checkbox"/> Yellow Pages     |
| <input type="checkbox"/> Sierra College/University | <input type="checkbox"/> Newspapers       | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Government Agency         | <input type="checkbox"/> PTA Program      |   |

**Product/Service Description Of Your Business:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(NAICS) Codes:** \_\_\_\_\_ **(SIC) Codes:** \_\_\_\_\_ **Product Service Codes (PCs):** \_\_\_\_\_

**RELEASE FOR COUNSELING**

**APPLICANT MUST SIGN AND DATE**

I request business management assistance from the Small Business Administration (SBA)/Sierra College Small Business Development Center (SBDC). I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA/SBDC assistance services. I authorize SBA/SBDC to furnish relevant information, including business financial data to the assigned management counselor(s), although I expect that information to be held in strict confidence to the extent allowable by law.

I further understand that SBA resource counselors, including SBDC counselors have agreed: (1) not to recommend goods or services from sources in which the individual counselor has an interest and (2) not to accept fees or commissions developing from this counseling relationship. In consideration of the provision of management and/or technical assistance by a resource partner counselor including the SBDC, I agree to waive all claims arising out of this assistance, against SBA personnel, the Chancellor's Office of California Community Colleges, The Golden State SBDC, the Sierra College SBDC, its host organization, and the counselor(s) who assisted me.

The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB 409 3<sup>rd</sup> St., S.W., Washington, D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OM B approval (3245-0091) Please do not send forms to OMB

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date