

Request for Counseling

Company Name (leave blank if the company has not started)		Client Name _____		
E-mail address		Telephone Numbers Phone (____) _____ - _____ Fax (____) _____ - _____		Are you the Business Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Website address				
Mailing Address		City	State	ZIP
				County
Ownership Gender <input type="checkbox"/> Male <input type="checkbox"/> Male/Female Team <input type="checkbox"/> Female % Male ownership _____ % Female ownership _____		Current or Proposed Business Type (check ONE) <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Research/Development <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Wholesale		Current Status <input type="checkbox"/> Pre-venture <input type="checkbox"/> In Business
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		Military Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam-era Vet <input type="checkbox"/> Disabled Vet <input type="checkbox"/> Disabled Vietnam Vet <input type="checkbox"/> Service-disabled Vet	Business Classification (check ONE) <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Disadvantaged Small <input type="checkbox"/> Disadvantaged SBA 8(a) Small <input type="checkbox"/> Woman Owned (51% ownership) <input type="checkbox"/> Minority Owned (51% ownership) <input type="checkbox"/> Unknown	Have you previously? <input type="checkbox"/> Submitted an SBIR/STTR award application <input type="checkbox"/> Received an SBIR/STTR award
Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a disability? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> do not want to respond		
What date did your business start? ____/____/____	# of employees (full and part time, include yourself) Full time _____ Part time _____		Average annual receipts for last 3 years: Gross revenues/sales \$ _____ Profits (losses) \$ _____	
Product/Service Description: (describe your business product or service)		NAICS Code		SIC Code
How did you learn of our services? <input type="checkbox"/> Accountant/attorney <input type="checkbox"/> Direct mail <input type="checkbox"/> Internet <input type="checkbox"/> Bank, Lender <input type="checkbox"/> Email <input type="checkbox"/> Past SBDC or FAST client <input type="checkbox"/> Government agency <input type="checkbox"/> Newspaper <input type="checkbox"/> Educational Institution <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> TV/Radio <input type="checkbox"/> Newsletter <input type="checkbox"/> Other _____ <input type="checkbox"/> GSA <input type="checkbox"/> SBA		What is the legal entity of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____		
		Do you export? <input type="checkbox"/> yes <input type="checkbox"/> no		
In what training topics are you most interested? (check all that interest you)				
Starting a business <input type="checkbox"/> (a) Steps to starting a business <input type="checkbox"/> (b) Evaluating your business idea <input type="checkbox"/> (c) Writing a business plan		Management <input type="checkbox"/> (j) Business planning <input type="checkbox"/> (k) Time management <input type="checkbox"/> (l) Leadership/management skills <input type="checkbox"/> (m) Accounting software <input type="checkbox"/> (n) Financial statements <input type="checkbox"/> (o) Human resource management <input type="checkbox"/> (p) Managing receivables		Financial Resources <input type="checkbox"/> (s) SBIR/STTR awards <input type="checkbox"/> (t) Seed and venture capital <input type="checkbox"/> (u) Debt Financing
Marketing <input type="checkbox"/> (d) Marketing research <input type="checkbox"/> (e) Customer service <input type="checkbox"/> (f) Advertising and promotion <input type="checkbox"/> (g) Pricing <input type="checkbox"/> (h) International trade <input type="checkbox"/> (i) Commercialization of intellectual property <input type="checkbox"/> Other _____		Career Development <input type="checkbox"/> (q) Resume preparation <input type="checkbox"/> (r) Interviewing skills		Government Procurement <input type="checkbox"/> (v) How to market to the government <input type="checkbox"/> (w) Bid Preparation <input type="checkbox"/> (x) Representations & Certifications <input type="checkbox"/> (y) Registrations <input type="checkbox"/> (z) Certifications <input type="checkbox"/> (aa) GSA federal supply schedule
What training format would be best for you? (check all that you would attend)				
<input type="checkbox"/> (a) Daytime <input type="checkbox"/> (d) Evening <input type="checkbox"/> (g) Other _____ <input type="checkbox"/> (b) Series of 1-3 hour topical workshops <input type="checkbox"/> (e) Single, four-hour seminar <input type="checkbox"/> (c) Single, six-eight hours seminar <input type="checkbox"/> (f) Seminar using Web instruction or interactive television				
<p>The following applies to the Missouri Procurement Technical Assistance Centers (MO PTAC) and the Missouri Federal and State Technology Partnership Program (MoFAST). The estimated time to complete this form is three minutes.</p> <p>I request assistance from one or more of the above providers. I understand surveys will be requested to determine the impact of and improve PTAC services. I authorize the provider(s) to furnish information to the assigned counselor(s) although I expect it to be held in strict confidence to the extent allowable by law.</p> <p>In the case of proposals developed under MoFAST or in any work related to intellectual property, I understand that I must give approval in writing before any of that information is released to a third party.</p>				
<p>I also understand that any confidential information I provide will remain the property of the client and be kept confidential and used only for the purposes of providing assistance and informing you about and improving PTAC client services. Aggregated data (that does not identify the client) will be reported to funders</p> <p>I further understand that all counselors have agreed not to recommend goods or services from sources in which he/she has a personal interest. In consideration of receiving assistance, I waive all claims against MO PTAC, MoFAST and their host organizations and other resource counselors arising from this assistance.</p>				
Signature of Client _____				
Date _____				