



Funded in part through a cooperative agreement with the U.S. Small Business Administration



General Client Information

Consulting Information Form

MO DAY YEAR

Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you start your business? / /
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Contact Information

POC Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	First Name:	MI:	Last Name:
Email:		Company Position:	
Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Phone:		Home Phone:	
Cell Phone:		Fax:	
Personal Address:		City, State, Zip	
County:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	
Hispanic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Black or African Amer. <input type="checkbox"/> White/Caucasian	
Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Service Disable Vet <input type="checkbox"/> Non-Vet		<input type="checkbox"/> Native Amer./Alaska Native	
Reservist Status: <input type="checkbox"/> National Guard <input type="checkbox"/> National Guard-Active Duty		<input type="checkbox"/> Reservist <input type="checkbox"/> Reservist-Active Duty <input type="checkbox"/> None	
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond			

Company Information

Company Name:	Business Phone:
Business Fax:	Business Email:
Web Site:	# of Emp. F/T: P/T: Export-Related:
Company Gender: <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Male Owned <input type="checkbox"/> Male/Female Owned	Certification Date:
Company Veteran: <input type="checkbox"/> Veteran <input type="checkbox"/> Service Disable Veteran <input type="checkbox"/> Non-Veteran	
Business Size: <input type="checkbox"/> Disadvantaged Small <input type="checkbox"/> Large <input type="checkbox"/> Minority-Owned Small <input type="checkbox"/> Other Small	
Disadvantage Status: <input type="checkbox"/> Not Certified <input type="checkbox"/> Certified SDB <input type="checkbox"/> SBA 8(a) Certified <input type="checkbox"/> Self-Certified	Certification Date:
Business Type: <input type="checkbox"/> Educational <input type="checkbox"/> Professional/Technical <input type="checkbox"/> Surplus Dealer	<input type="checkbox"/> Transportation/Warehousing
<input type="checkbox"/> Accommodation/Food Service <input type="checkbox"/> Financing <input type="checkbox"/> Public Administration <input type="checkbox"/> Real Estate	<input type="checkbox"/> Utilities
<input type="checkbox"/> Administrative/Support <input type="checkbox"/> Health Care <input type="checkbox"/> Information <input type="checkbox"/> Research & Development	<input type="checkbox"/> Waste Management
<input type="checkbox"/> Agriculture <input type="checkbox"/> Management <input type="checkbox"/> Retail Dealer <input type="checkbox"/> Service Establishment	<input type="checkbox"/> Wholesale Dealer
<input type="checkbox"/> Arts & Entertainment <input type="checkbox"/> Manufacturer or Producer <input type="checkbox"/> Mining	
<input type="checkbox"/> Construction Concern	
Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Sub S Corp	
International Trade: <input type="checkbox"/> Importer <input type="checkbox"/> Exporter <input type="checkbox"/> Importer/Exporter	
Gross Revenue/Sales: \$ Date:	Gross Export Revenue/Sales: \$ Date:
Gross Profit/Losses: \$ Date:	
Business Address:	
City, State, Zip:	County:

Client Information

Product/Service Description:	
SBA Relationship: <input type="checkbox"/> 8(a) & Borrower <input type="checkbox"/> 8(a) & Surety Bond <input type="checkbox"/> 8(a) Client	<input type="checkbox"/> Applicant <input type="checkbox"/> Borrower <input type="checkbox"/> COC <input type="checkbox"/> Procurement Assistance
	<input type="checkbox"/> Surety Bond <input type="checkbox"/> Technical Assistance <input type="checkbox"/> None

Office Use Only

Client ID:	Consultant:
Signature State Date:	NAICS CODE:
*Federal Congressional District:	*State Representative District:
*State Senate District:	Distressed Area: <input type="checkbox"/> Yes <input type="checkbox"/> No
HUBZone: <input type="checkbox"/> No <input type="checkbox"/> Location only <input type="checkbox"/> Certified	HUBZone Certification Date:

*If these districts are different for the Contact and the Client (business), please indicate below:



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Statement of Understanding

The **Kansas Small Business Development Center's (KSBDC)** is pleased to have you as a client. The KSBDC is a business development service for the State of Kansas that provides counseling, management education, and technical assistance to Kansas businesses and aspiring entrepreneurs. The KSBDC counseling approach is one of guidance and education, not of doing the work for the client. Counseling services are not intended to compete with or replace services available in the private sector.

As a new client of the KSBDC, we want to advise you of rights and responsibilities that you have as one of our clients.

KSBDC Responsibilities

- Keep all client communications and information confidential unless authorized by client.
- Provide courteous and professional service.
- Advise client if the KSBDC is unable to provide services.
- Provide one-to-one consulting free of charge. Advise client of any fees for training, research or other services.
- Provide information about accessing capital. We can assist you by running, analyzing and critiquing cash flow projections. This type of assistance DOES NOT imply an endorsement of your proposal by the KSBDC, nor does it indicate intent to approve your loan request by any lending institution or guaranty institution, public or private.

Client Responsibilities

- Provide all information necessary to enable the consultant to properly assist you, including information required by SBA.
- Be honest and direct about everything related to you as an entrepreneur and your potential or existing business.
- Provide complete information on your financials, cash flow, operations data and business plan.
- Notify your consultant if you do not understand the proposed plan of action.
- Cooperate with your consultant and consider the recommendations your consultant may make to help you improve your business.
- Advise us of any concern or dissatisfaction you may have with the assistance being provided.
- **Complete a written evaluation of services provided when requested.** This may include participation in electronic or telephone satisfaction and economic impact surveys.

Quality Assurance

We welcome you as a client and encourage your comments regarding our services. You can do so by calling the KSBDC State Director from anywhere in Kansas toll free (877-625-7232).

Request for Service

I have reviewed and understand the above Statement of Understanding as it applies to my responsibilities and those of the KSBDC Consultant. I request business consulting service from the Kansas Small Business Development Center (KSBDC). I agree to participate in surveys designed to evaluate SBA services.

By my signature below, and in consideration of the center's furnishing of management or technical assistance, I waive all claims against the center's personnel, KSBDC host organizations, and the SBA. I understand that there are no warranties or assurances in connection with the consulting assistance. I further understand that the consultant(s) agrees 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 consulting relationship.

Client Signature

Date

I permit KSBDC the use of my contact information for KSBDC informational electronic mailings regarding KSBDC products and services: (Yes No).