



## REQUEST FOR SERVICES

Welcome to Yuba Community College District SBDC. Please complete this form as accurately as possible to assist business counselor/s to work with you as efficiently as possible to grow a profitable business. Together we will regularly revisit your financial and business information to measure changes and to help you track the growth and success of your business. All information is kept in strict confidence.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email (print clearly): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street City Zip County

Are you currently in business?  Yes  No If yes, are you the business owner?  Yes  No

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

(if different from mailing address) Street City Zip County

Website (print clearly): \_\_\_\_\_ Email (print clearly): \_\_\_\_\_

Gender  
 Male  
 Female

Hispanic Origin  
 Non-Hispanic  
 Hispanic

Ethnicity/Race  
 Asian  
 Black/African American  
 Native American/Alaskan Native  
 Native Hawaiian/Pacific Islander  
 White/Caucasian

Veteran Status  
 Service/Disabled Veteran  
 Veteran  
 Non-Veteran

Reservist Status  
 National Guard  National Guard Active  
 Reservist  Reservist Active  
 None

Disabled:  No  Yes

Date business established: \_\_\_\_\_ # Full-time employees \_\_\_\_\_ # Part-time employees \_\_\_\_\_

On-Line Business (primarily):  Yes  No

Home-Based Business:  Yes  No

International Trade  Yes  No

Business Size/Category  
 Certified SDB or SBA 8(a) Small  
 Disadvantaged Small  
 Minority Owned  
 Other Small  
 Woman Owned

Business Type  
 Accommodation/Food Service  
 Agriculture  
 Arts/Entertainment  
 Construction  
 Health Care  
 Manufacturing/Producer  
 Retail  
 Service  
 Wholesale  
 Not in Business

SBA Relationship  
 8(a) Client  
 Applicant  
 Borrower  
 None

Organization Type  
 Corporation  
 Limited Liability Company  
 Non Profit Organization  
 Partnership  
 Sole Proprietorship  
 Sub S Corporation

Initial Status  
 Pre-Venture (Starting a business)  
 Start-up (in business less than 6 months)  
 In-business (in business more than 6 months)

Referral From  
 Advertising/Marketing  
 Bank  
 Chamber  
 College/University  
 Internet  
 Local EDC  
 Local Government  
 Media/TV/Radio  
 Newspaper  
 SBA/SCORE Network

Referral To  
 Accountant  
 Bank  
 Chamber  
 College/University  
 Government office  
 International  
 Trade/CITD  
 Local EDC  
 SCORE  
 Training seminar

Business Condition  
 Healthy  
 Stagnant  
 Weak  
 Failing

Program  
 SBDC  
 SBDC Client/Word of Mouth  
 Training/Seminar  
 Yellow Pages  
 Other

Product/Service Description: \_\_\_\_\_

\_\_\_\_\_

Include basic information on your proposed or existing business

I request business counseling from a Small Business Administration (SBA) partner, the Yuba Community College District Small Business Development Center (SBDC). I understand this assistance is free of charge and I incur no obligation to the SBDC, the SBA or its consultants for providing this assistance. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA assistant services. I understand that any information received by a SBA resource partner counselor will be held in strict confidence by the counselor/s to the extent allowed by law.

I further understand 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 this counseling relationship. In consideration of the provisions of management and/or technical assistance by a SBA 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.

\_\_\_\_\_  
 Signature of Requestor

\_\_\_\_\_  
 Date