



LONE STAR COLLEGE SYSTEM
SMALL BUSINESS
DEVELOPMENT CENTER

Consulting ★ Training ★ Solutions

University of Houston Small Business Development Center Network

Request for Counseling

The University of Houston Small Business Development Center (SBDC) Network is pleased to welcome you as a client. The SBDC is a resource partner of the U.S. Small Business Administration, providing counseling, training, and technical assistance to small businesses and would-be entrepreneurs. **Lone Star College System** is a partner in the UH SBDC Network.

The role of the SBDC is to counsel and assist owners of small, medium-sized and high-growth businesses, and to provide information and assistance to those wanting to go into business. Our consulting services are not intended to compete with, replace, or be a substitute for services that are available from the private sector. Clients whose needs can be fully and affordably met by private-sector practitioners or firms are encouraged to use these resources.

SBDC **consulting services are free of charge**; however, please note that the SBDC **does charge** for workshops, seminars and other events, and that there **may be a charge** for certain specialty services provided. In no case will fees be charged without your prior knowledge and agreement.

The attached *Request for Counseling* form must be completed and signed prior to receiving consulting services. The information is confidential and is used to help us serve you better. Also please read the attached *Client Rights and Responsibilities* statement. Your signature indicates that you fully understand and agree to any conditions placed on you or the SBDC because of your client status. We encourage you to read these forms closely and carefully, and if desired, to review them with your legal counsel or other business advisors.



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SCOPE OF WORK

Business:

Client:

SBDC Consultant:

Client #:

This document will outline the **scope of the work** we expect to do with you to help you start, manage or grow your business. When we have completed the work, we will review the results together to determine the actual **impact** on your business success.

We will also send you **three surveys** via email or letter asking you to evaluate the quality and effectiveness of our services. The surveys will arrive to you in the following order:

1. First survey will be sent **sixty days** after our initial meeting asking for your first impression of us.
2. Second survey will be sent in **a year** to determine if we continued to meet your expectations.
3. Third survey, an *Impact Study Questionnaire*, will be sent within **two years** to determine whether we helped you:

- **start your business**
- **hire new employees**
- **increase your sales**
- **obtain financing**

By responding to our requests for feedback, you will not only help us improve our programs and services but also help make sure we continue to receive the funding that enables us to offer free consulting services.

We are excited about working with you to help you:

These are the steps we will take:

| # | Action Step | Responsible Party |
|---|-------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

These are the expected **impact results**:

- | | |
|---|--|
| <input type="checkbox"/> Start the business | <input type="checkbox"/> Invest personal funds in the business |
| <input type="checkbox"/> Improve first year start-up operations | <input type="checkbox"/> Raise equity from investors |
| <input type="checkbox"/> Expand/grow the business | <input type="checkbox"/> Win a prime contract |
| <input type="checkbox"/> Add jobs (employees or contract labor) | <input type="checkbox"/> Win a subcontract |
| <input type="checkbox"/> Save existing jobs | <input type="checkbox"/> Improve management skills |
| <input type="checkbox"/> Increase sales revenue | <input type="checkbox"/> Improve marketing strategies |
| <input type="checkbox"/> Maintain sales revenue | <input type="checkbox"/> Improve profitability |
| <input type="checkbox"/> Obtain financing | |

Agreed to by:

| | |
|-------------|-------|
| Client: | Date: |
| Consultant: | Date: |
| Director: | Date: |



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REQUEST FOR COUNSELING

What we need to know about you...

We may use the contact information you provide below to send you (by mail, fax and/or email) notices of upcoming classes and special events, and other information we feel would be beneficial to your business venture. If you do **not** wish to be on our contact list, please check here.

| | | | |
|---|--|---|--|
| Mr. Mrs. Ms. Dr. | First Name: | MI: | Last Name: |
| E-mail: | | Position | Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Work Phone: | Home Phone: | Fax: | Cell Phone: |
| Personal Address: | | City: | |
| State: | Zip Code: | County: | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Choose not to respond | Hispanic Origin: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Choose not to respond | |
| Veteran Status: <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Choose not to respond | Military 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 <input type="checkbox"/> Choose not to respond | Disabled: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Choose not to respond | |

What we need to know about your business, if you're already in business...

| | | | |
|---|--|---|--|
| Company Start Date: | Company Status: <input type="checkbox"/> Preventure <input type="checkbox"/> Start-Up <input type="checkbox"/> In Business | | |
| Company Name: | Business E-mail: | | |
| Business Phone: | Business Fax: | | |
| Employees: Full-Time: Part-Time: | For the most recent full year, what were your: Gross Revenue/Sales: \$ | | |
| Business Size: <input type="checkbox"/> Certified SDB or SBA 8(a) Small <input type="checkbox"/> Disadvantaged Small <input type="checkbox"/> Large <input type="checkbox"/> Minority-Owned Small <input type="checkbox"/> Other Small <input type="checkbox"/> Woman-Owned Small | Business Type: <input type="checkbox"/> Choose not to respond <input type="checkbox"/> Agriculture <input type="checkbox"/> Construction Concern <input type="checkbox"/> Financing <input type="checkbox"/> Manufacturer or Producer <input type="checkbox"/> Not In Business <input type="checkbox"/> Research and Development <input type="checkbox"/> Retail Dealer <input type="checkbox"/> Service Establishment <input type="checkbox"/> Surplus Dealer <input type="checkbox"/> Wholesale Dealer | Currently Involved in International Trade: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Organization Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Non-profit Organization <input type="checkbox"/> Other <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Unknown | Business Ownership Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (>50% woman-owned) <input type="checkbox"/> Male/Female <input type="checkbox"/> Choose not to Respond | Ownership Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Choose not to respond | |

CONTINUED ON REVERSE

| | | |
|--|------------------|---|
| Business Address: (if different from Personal Address) | | City: |
| State: | Zip Code: | County: |
| Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is this a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No |

What Type of Assistance Do You Need?

| | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Start-up | <input type="checkbox"/> Marketing | <input type="checkbox"/> Loan/Financial |
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Expansion | <input type="checkbox"/> Other _____ |

Type of Business (describe your current business or the business you plan to start)

How did you learn of the Small Business Development Center?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Advertising/Marketing | <input type="checkbox"/> College/University | <input type="checkbox"/> Newspapers | <input type="checkbox"/> Training Seminar |
| <input type="checkbox"/> Bank _____ | <input type="checkbox"/> Internet | <input type="checkbox"/> PTA Program | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Local EDC | <input type="checkbox"/> SBA Network Program | <input type="checkbox"/> Other |
| <input type="checkbox"/> Client/Word of Mouth | <input type="checkbox"/> Media - TV/Radio | <input type="checkbox"/> SBDC | |

Please specify referral source. _____

I request free consulting services from the University of Houston Small Business Development Center Network, which is a resource partner of the U.S. Small Business Administration.
 I agree to participate when I am asked to complete surveys designed to evaluate those consulting services.
 I permit SBA or its agent the use of your contact information for SBA surveys and information mailings regarding SBA products and services? Yes No
 I understand that my consultant(s) will hold all information I provide in confidence to the extent allowable by Texas State Law.
 I understand that the Small Business Development Center has agreed not to 1) recommend goods and services from sources in which an individual consultant has an interest; 2) accept fees or commissions for consulting services. In consideration of the provision of management and/or technical assistance by a consultant, I agree to waive all claims against the consultant, the Small Business Development Center and its host organizations, and against Small Business Administration personnel.

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|

(For Center Use Only)

| | | |
|---|---|--|
| Center: | Primary Counselor: | Client ID: |
| Federal Congressional District: (Personal) | State Representative District: (Personal) | State Senate District: (Personal) |
| Federal Congressional District: (Business) | State Representative District: (Business) | State Senate District: (Business) |
| SBA Client Type: | <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 |
| Located in HUBZone? | Certified HUBZone? | Distressed Area? |
| NAICS Code(s): | | |
| PSC Code(s): | | |
| Harmonized | | |
| Product/Service Description: | | |



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What you need to know about us....

- We **do not charge** for consulting services, but we do charge fees for workshops, seminars, special events and specialty services.
- We keep what you tell us **confidential** to the extent allowable by law.
- We will not use anything you tell us to benefit the SBDC or any of our staff, nor will we use what you tell us to the detriment of any of our clients.
- We maintain public resumes of all our consultants so that you can review your consultant's professional experience, outside employment, and previous and current business ownership or interests.
- We provide consulting services to clients in all fields and industries, and your consultant may work with other clients whose businesses are similar to yours and even in direct competition with yours.
- We **do not make loans or influence loan decisions**, although we can assist you with determining your financial requirements and preparing and submitting a loan application.
- We will ask you for current financial and operating data about your business in order to provide more comprehensive assistance.
- We will make suggestions and recommendations to you as appropriate, but **we will not make business decisions** or judgments for you. Our purpose is to provide education and assistance, but not to do the work for you.
- We might provide advice that seems unfavorable to your business idea, but our intent is to encourage you to fully explore all the possibilities involved in starting or operating a business.
- If you work with our Procurement Technical Assistance Center (PTAC), we will ask you to provide a signed statement indicating whether PTAC assistance resulted in your company receiving any contract or subcontract award, and we will ask you to provide the specifics of those awards.
- We expect that you will help us monitor and improve our programs and services by completing periodic surveys.
- We might ask for your written permission to use your name and/or photograph as well as information about your business, for promotional or publicity purposes.
- We make every effort to provide prompt, courteous, and professional services within the time frame requested; however, we do not make any warranties or guaranties regarding these services as voluntarily rendered.

Please sign and date to indicate you have read and understand the above conditions.

Signature _____

Date _____

LSCS SBDC CONSULTANT INTAKE FORM

Existing Business? Year started _____ Type of Business _____
(Attach business plan and up to 3 years of financials)

New Business Start-up?

1) What is your business concept? (please limit response to 2 – 3 sentences)

2) What is your experience and/or education in this line of business?

3) Who is your ideal customer?

4) Who is your competition?

5) How much money will you need and how do you plan to fund it?

6) Why do you want to start a business? What is your objective?

7) Where will your business be located? Do you plan to own or rent?

8) How much time are you able to commit to your business?

9) Are you planning on doing this on your own or with others? If so, who?

10) When do you plan to open your business?

11) Previous business ownership experience? Yes No

of years business ownership experience _____

12) Experience in same business as wanting to start? Yes No