



UNO Small Business Development Center Request for Counseling

University of New Orleans SBDC
LSBDC Network Member

Company Name		Title		Telephone Number(s)	
		Business owner <input type="checkbox"/> Yes <input type="checkbox"/> No		Business _____	
Your Name		E-mail		Home _____	
First _____ MI _____ Last _____		Website		Fax _____	
Business Size (check ONE)		Current Business Type (check ONE)		Organizational Type (check ONE)	
<input type="checkbox"/> Disadv. Small Business <input type="checkbox"/> Disadv. SBA 8(a) Small <input type="checkbox"/> Woman-Owned Small <input type="checkbox"/> Minority-Owned Small <input type="checkbox"/> Other Small <input type="checkbox"/> Large		<input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Service Establishment <input type="checkbox"/> Retail Dealer (Type 1) <input type="checkbox"/> Retail Dealer (Type 2) <input type="checkbox"/> Wholesale Dealer (Type 1) <input type="checkbox"/> Wholesale Dealer (Type 2)		<input type="checkbox"/> Construction Concern <input type="checkbox"/> Research//Development <input type="checkbox"/> Surplus Dealer <input type="checkbox"/> Not in Business <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Non-profit Org.	
				<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Sub S Corporation State of Incorporation _____	
Mailing Address			City	State	Zip
					_____ - _____
Business Owner Gender	Race	Ethnicity: Hispanic Origin?	Business Status	Is your business:	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female	<input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African America <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No Do you consider yourself a person of with disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pre-Venture <input type="checkbox"/> In Business International Trade? <input type="checkbox"/> Yes ___ Import ___ Export <input type="checkbox"/> No	<input type="checkbox"/> in a HubZone area? <input type="checkbox"/> in a certified HubZone area? <input type="checkbox"/> a homebased business?	
Business Established	Annual Sales	# of employees (count yourself)		State Senate	
____/____/____	\$ _____	full-time _____ part-time _____		_____ State Representative _____ Congressional District _____	
Military Status		SBA Client	How did you hear of us?		
<input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Service Connected Disabled Veteran <input type="checkbox"/> Reservist/National Guard member		<input type="checkbox"/> Borrower <input type="checkbox"/> Applicant <input type="checkbox"/> COC <input type="checkbox"/> 8(a) Client <input type="checkbox"/> Surety Bond	<input type="checkbox"/> Accountant <input type="checkbox"/> Advertising/Marketing <input type="checkbox"/> Bank <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Client or Word-of-Mouth <input type="checkbox"/> College/University <input type="checkbox"/> Government Agency <input type="checkbox"/> Faculty <input type="checkbox"/> Legal Counselor <input type="checkbox"/> Local EDC <input type="checkbox"/> Media-TV/Radio <input type="checkbox"/> Network Agency <input type="checkbox"/> Newspaper <input type="checkbox"/> SBA <input type="checkbox"/> SBDC <input type="checkbox"/> SCORE <input type="checkbox"/> Training Seminar <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other		
Product/Service Description (briefly describe your business and the nature of the counseling you are seeking):					Standard Industrial Classification (SIC) Codes / NAICS
<p>I request business management counseling service from the Louisiana Small Business Development Center (LSBDC). I agree to cooperate should I be selected to participate in surveys designed to evaluate the center's services. I authorize the center to furnish relevant information to the assigned management counselor(s). I understand that any information disclosed to be held in strict confidence by him/her.</p> <p>I further understand that any counselor has agreed 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 counseling relationship. In consideration of the counselor(s) furnishing management/ technical assistance and with my signature below, I waive all claims against SBA personnel, SCORE and its host organizations, LSBDC and its host organizations, and other SBA Resource Counselors arising from this assistance. I understand that there are no warranties or assurances in connection with the counseling assistance.</p>					
Signature			Date		