

Request for Counseling

Southeastern Louisiana University
 1514 Martens Drive – Hammond, LA 70401
 985-549-3831 – sbdc@selu.edu



Your Name				Email
Position/Title (if already in business)				Day Telephone
Business Name (if already in business)				Evening Telephone
Street Address / PO Box (give business address if currently in business)				Fax
City	State	Zip	Parish	Business Description

Race (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity Hispanic Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran
		Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty

Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to next section)	Month & Year Business Started?	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"/> Non-profit <input type="checkbox"/> Other (specify) _____
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Type of Business (choose best category) <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Utilities <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Information <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Retail Trade <input type="checkbox"/> Educational Services <input type="checkbox"/> Transportation & Warehousing	<input type="checkbox"/> Professional Scientific & Technical Services <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Waste Management & Remediation Services <input type="checkbox"/> Other Services (except Public Administration)
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What percentage of your business is female owned? _____% Do you conduct business online? <input type="checkbox"/> Yes Is this a home based business? <input type="checkbox"/> Yes	Number of Employees: Full time: _____ Part time: _____	For your most recent full business year: Gross revenues/sales \$ _____ +Profits/-Losses \$ _____
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Describe specific assistance requested:

How did you hear of us? <input type="checkbox"/> Accountant <input type="checkbox"/> Government Agency <input type="checkbox"/> Small Business Administration <input type="checkbox"/> Training Seminar <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Southeastern Faculty/Staff <input type="checkbox"/> Small Business Development Center <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Bank <input type="checkbox"/> Legal Counselor <input type="checkbox"/> Service Corps of Retired Execs (SCORE) <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Local Economic Development Org <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Business Owner <input type="checkbox"/> Media – TV/Radio/Newspaper <input type="checkbox"/> Internet
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I request business management counseling service from the Small Business Development Center (SBDC) at Southeastern Louisiana University. 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 will be held in strict confidence by him/her.

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.

Client Signature:

Date:

Client / Consultant Engagement Agreement

Define Problem:

Scope of Work:

Client Task List	Consultant Task List