

NORTH COAST SBDC CLIENT SCOPE OF WORK

Goals and Objectives

CLIENT NAME: _____

DATE: _____

BUSINESS NAME: _____

COUNSELOR: _____

COUNSELING SUBJECT: (i.e. Marketing, Finance, etc.)

SPECIFIC OBJECTIVES/GOALS

CLIENT'S ACTION ITEMS

WHAT:

BY WHEN

POTENTIAL OUTCOME (check all that apply):

New Business

New Jobs Created

Jobs Retained

Investment

Personal Income

Increased Sales

For Office Use Only

SBDC: Hours/Weeks/Months

Contractor Hours/Weeks/Months

Budget \$

COMPLETION OF SCOPE

1. Were objectives met? Why or why not?
2. Narrative on completed work
3. Total Amount of Billable Hours:
4. Next Steps for the Client

Client Signature

Date

Counselor Signature

Date

Contractor Signature

Date

Approved by SBDC Director

Date