

# REQUEST FOR SERVICES

520 E Street, Eureka, CA 95501 / (707) 445-9720  
225 H Street, Crescent City, CA 95531 / (707) 464-2168

**Please complete both sides, checking only ONE response per question.**

*Shaded areas are for SBDC use only.*

Counselor: \_\_\_\_\_

Special Program(s): \_\_\_\_\_

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

RR: Yes  No   
Face to Face  On-line  Telephone

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Are you the Business Owner? Yes  No

**Please Provide Current Information about Your Business Below.**

**If NOT in Business check here and skip to Back Page**

**If in business already, you will need to provide a business DUNS # :**

**Describe your type of Business:**

International Trade: Yes  No  Interested in International Trade? Yes  No

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

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Business #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ Website: \_\_\_\_\_

**Business Category** (check one)

**Business Type** (check one)

Certified SDB or SBA 8(a) Small Business <input type="checkbox"/>	Manufacturing/ Production <input type="checkbox"/>	Construction <input type="checkbox"/>
Disadvantaged Small Business <input type="checkbox"/>	Service Establishment <input type="checkbox"/>	Surplus Dealer <input type="checkbox"/>
Woman-Owned Small Business <input type="checkbox"/>	Retail <input type="checkbox"/>	Agriculture <input type="checkbox"/>
Minority-Owned Small Business <input type="checkbox"/>	Wholesale <input type="checkbox"/>	Financing <input type="checkbox"/>
Other Small Business <input type="checkbox"/>	Research & Development <input type="checkbox"/>	Other: <input type="checkbox"/>

**Organization Type**

**Business Status**

Sole Proprietorship <input type="checkbox"/>	Check only One	Annual Sales: \$ _____
Limited Liability Company (LLC) <input type="checkbox"/>		Date Business Was Established MM/YY: _____
Corporation <input type="checkbox"/>	Pre Start-up (Nascent) <input type="checkbox"/>	Number of Full-Time Employees: _____
Partnership <input type="checkbox"/>	Start-up (in bus. <1 year) <input type="checkbox"/>	Number of Part-Time Employees: _____
Sub S Corporation <input type="checkbox"/>	In Business (>1 year) <input type="checkbox"/>	Number of hours you work for your own business per month: _____
Non-profit Organization <input type="checkbox"/>	In Business (>2 year) <input type="checkbox"/>	
Undetermined <input type="checkbox"/>		

Partner's Name (s): \_\_\_\_\_

**Is this a home-based business?** Yes  No

**Do you have a business license?** Yes  No

**Do you provide health care benefit** Yes  No

**Were you or any of your employees unemployed before working for this business?** Yes  No

**Number previously Unemployed:** \_\_\_\_\_

**Describe the nature of the business counseling you are seeking:**

Demographic data such as Race, Ethnicity, Gender, Age, Military Service, and Disability are collected by NCSBDC for reporting purposes as prescribed under the provisions of our funders. NCSBDC does not discriminate on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation, or disability.

Race (mark one or more)		Ethnicity	Military Status:	
Asian	<input type="checkbox"/>	(Check a race category in addition to ethnicity)		
Black	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Non-Veteran <input type="checkbox"/>
Native American	<input type="checkbox"/>	Not of Hispanic Origin	<input type="checkbox"/>	Veteran <input type="checkbox"/>
Native Hawaiian/ Pacific Islander	<input type="checkbox"/>	<b>Gender of Business Owner</b>		Service-Disabled Veteran <input type="checkbox"/>
White	<input type="checkbox"/>	Female (greater than 50% woman-owned)	<input type="checkbox"/>	On Active Duty <input type="checkbox"/>
		Male (greater than 50% man-owned)	<input type="checkbox"/>	Member of Reserve or National Guard <input type="checkbox"/>
<b>Additional Options</b>		Male/Female (equal partnership)	<input type="checkbox"/>	
Native American & White	<input type="checkbox"/>	<b>Additional Information</b>		
Black & White	<input type="checkbox"/>	<b>Do you consider yourself a person with a disability?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<b>Have you recently been laid off or lost your job due to downsizing?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Native American & Black	<input type="checkbox"/>	<b>Are you 62 years of age or older?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-Racial	<input type="checkbox"/>			
Other (specify):	<input type="checkbox"/>			

**How did you hear about us?**

- |   |  |
|---|--|
| <input type="checkbox"/> Bank/Lender – which one: _____ | <input type="checkbox"/> The Job Market      |
| <input type="checkbox"/> Chamber of Commerce            | <input type="checkbox"/> TV or Radio         |
| <input type="checkbox"/> Word of Mouth                  | <input type="checkbox"/> Newspaper           |
| <input type="checkbox"/> College/University             | <input type="checkbox"/> SBA Network Program |
| <input type="checkbox"/> Internet                       | <input type="checkbox"/> Training Seminar    |
| <input type="checkbox"/> Local Economic                 | <input type="checkbox"/> Vocational Rehab    |
| <input type="checkbox"/> Development Agency             | <input type="checkbox"/> Magazine            |
| <input type="checkbox"/> Walking by                     | <input type="checkbox"/> Other _____         |

By completing and signing this form, I am requesting business counseling service from the North Coast Small Business Resource Center (NCSBRC), a resource partner for the Small Business Administration (SBA) and the operator of the Small Business Development Center program serving Humboldt and Del Norte Counties. I understand that the NCSBRC staff, counselor(s) and contractor(s) I work with agree 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 NCSBRC staff, counselor(s) and contractor(s) furnishing management or technical assistance, I waive all claims against SBA, the Small Business Development program, the NCSBRC, and all staff, counselor(s) and contractor(s) of these entities, which may arise from this assistance. If randomly selected to participate in surveys designed to evaluate SBA services, I agree to cooperate. I permit the SBA or its agent to use my contact information for SBA surveys and information mailings regarding SBA/SBDC/NCSBRC services. I understand that all information provided to the NCSBRC- resource partner for the SBA/SBDC program- will be held in confidence.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

