

16. Referred by: (Mark all that apply):

- SBA District Office SBDC Other client Magazine/ Newspaper
 Lender USEAC Educational Institution Word of Mouth
 Business Owner SCORE Local Economic Development Official Television/ Radio
 SBA Website WBC Internet (Indicate site) _____
 Other (Specify) _____

17. Are you currently in business? Yes No (If no, **Skip to 27**)

18. Name of Business: _____

19. Type of Business: (Choose Primary Categories)

- | | |
|---|--|
| <input type="checkbox"/> Mining | <input type="checkbox"/> Health Care & Social Assistance |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Accommodation & Food Services |
| <input type="checkbox"/> Information | <input type="checkbox"/> Arts, Entertainment & Recreation |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation & Warehousing |
| <input type="checkbox"/> Retail Dealer | <input type="checkbox"/> Professional, Scientific & Technical Services |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Management of Companies & Enterprises |
| <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Administrative & Support |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> Waste Management & Remediation Services |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Other Services (except Public Administration) |
| <input type="checkbox"/> Real Estate & Rental & Leasing | _____ |

20. Business Ownership: What percentage of your business is male or female owned? ___%Male ___%Female

21. Date Business Started: (MM/DD/YYYY): _____

22. Do you conduct business online? Yes No

23. Are you a home based Business? Yes No

24a. Are you 8(a) certified? Yes No

24b. Total Number of Employees: (Full & Part-time) _____

25. For your most recent full year, what were your:

Gross revenue/ sales \$ _____ + Profits/ - Losses \$ _____

26. What is the legal entity of your business? Sole Proprietorship Corporation LLC
 S- Corporation Partnership Other (Specify) _____

27. What is the nature of the assistance you are seeking? (Choose a primary category)

- | | |
|---|--|
| <input type="checkbox"/> Start-up assistance (How do I start a small bus.) | <input type="checkbox"/> Tax Planning |
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Marketing/Sales (promotion, Market research, Pricing, etc.) |
| <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) | <input type="checkbox"/> Government contracting (including certifications) |
| <input type="checkbox"/> Managing a Business | <input type="checkbox"/> Franchising |
| <input type="checkbox"/> Human Resources/Managing Employees | <input type="checkbox"/> Buy/Sell Business |
| <input type="checkbox"/> Customer Relations | <input type="checkbox"/> Technology/Computers |
| <input type="checkbox"/> Business Accounting/Budget | <input type="checkbox"/> eCommerce (using the Internet to do business) |
| <input type="checkbox"/> Cash Flow Management | <input type="checkbox"/> Legal Issues (such as, should I incorporate?) |
| <input type="checkbox"/> Describe specific assistance requested in the space provided: _____ | <input type="checkbox"/> International Trade |
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28. Business Size:

- Disadvantaged Small (Not Certified Certified SDB SBA 8(a) Certified)
 Minority- Owned Small Large Other Small

29. Company FEIN: _____

30. Company Cage Code (If applicable): _____

31. Company DUNS #: _____

32. Is Business in a HUBZone: No Located in HUBZone Only
 Certified HUBZone Date Certified: _____

33. Is Business Located in Distressed Area? Yes No

34. Keywords: _____

35. Product Service Codes (PSCs): _____

36. Standard Industrial Classification (SICs): _____

37. North American Industrial Classification (NAICs): _____

38. Product or service description: _____



MIDDLETOWN SMALL BUSINESS DEVELOPMENT CENTER

As a new client of the Middletown Small Business Development Center (MSBDC), we'd like to advise you of certain rights and responsibilities you have as one of our clients:

You have a right to expect:

- Prompt, courteous, and professional counseling services and to be advised if the Middletown SBDC is unable to provide service within the time frame required.
- All information shared with the Middletown SBDC and any of its resources (staff, faculty, volunteers, and consultants) will be held in strictest confidence. No information provided by you will be used to the commercial advantage of any staff member, consultant, or other resource of the Middletown SBDC or to the benefit of any third party.
- That your client status with the Middletown SBDC will remain confidential. No public use of your name, address, or business identity will be made without your prior approval. Please note, however, that the Middletown SBDC is funded in part by the City of Middletown so, limited information with respect to your client status is provided to those entities.

Our role is to counsel and assist small business owners and those planning to go into business. We will not make business decisions or judgments for you, though we will make recommendations and suggestions as appropriate. These will be based upon our best efforts to apply the experience and resources available to us to assist you in making your own business decisions.

The counseling services provided to you are a part of the effort of the Middletown SBDC and its sponsors to respond to the growing needs of the small business community **and to positively affect the economy of Middletown**. They are not intended to compete with, replace, or be a substitute for services available from the private sector. Clients whose needs can be fully met by private sector practitioners or firms in an affordable manner will be encouraged to use those resources.

In consideration of the Middletown SBDC furnishing you with management and technical assistance, you agree to waive all claims against the MSBDC and its constituent institutions, its staff, or any other resources employed by or used in connection with these services. You will also be expected to cooperate with the MSBDC in its efforts to assure the quality and effectiveness of the counseling services it provides.

REQUEST FOR CONSULTATION

SBDC Agreement:

I request business consultation service from the Middletown SBDC. I permit the MSBDC the use of my name and address for surveys and information mailings regarding products and services (Yes No). I understand that any information disclosed will be held in strict confidence. The MSBDC will not provide your personal information to commercial entities.) I authorize the Middletown SBDC to furnish relevant information to the assigned management counselor(s). In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBDC personnel, and that of its Resource Partners and host organizations, arising from this assistance.

Client Signature

Date

Counselor Signature

We welcome you as a client and encourage you to call on us if you have any questions or comments with regard to your rights and responsibilities or services you receive. You can do so by calling your local Middletown SBDC counselor at (860) 347-6924.

ANY CHANGES TO THIS FORM OR THE USE OF ANY OTHER INTAKE FORMS MUST HAVE PRIOR WRITTEN APPROVAL OF THE SMALL BUSINESS DEVELOPMENT CENTER STATE DIRECTOR	Updated 12/28/2018
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MIDDLETOWN SMALL BUSINESS DEVELOPMENT CENTER