

**SCORE, Auburn Chapter 201**                      **SENECA County Satellite Office**  
*Counselors to America's Small Business Community*

SCORE  
c/o Seneca County Chamber of Commerce  
P.O. BOX 70, 2020 State Routes 5 & 20  
Seneca Falls, New York 13148

Telephone: 315-568-2906

Dear

You have contacted the Seneca County Satellite Office of SCORE, Auburn Chapter for business counseling and we are pleased to send you the following:

*“Request for Counseling”* form, which needs to be completed and signed by you before business counseling can begin. This form gives us your permission to let SCORE counselors work with you.

*“Confidential Information for your Counseling Session”* form provides us with some additional basic preliminary and confidential information which is useful to the Business counseling.

The attached SCORE identification page is for your information or to pass on to anyone in need of business counseling. All counseling sessions are free of charge.

Shortly after we receive the enclosed forms, your request for counseling will be given to a SCORE counselor who will be your main contact person with SCORE. This counselor will call you to set up your first meeting at a mutually convenient time and date.

We thank you for contacting the Seneca County Satellite Office of the Auburn SCORE chapter and look forward to meeting with you.

Sincerely,

The Seneca County Chamber of Commerce has agreed to host a satellite office for the Auburn Chapter 201 of SCORE starting in 2010, for the convenience of the Seneca County and neighboring county residents.

The local Chapter of SCORE is available to offer Small Business Counseling Assistance, **free of charge**, to area residents who are exploring the idea of opening a business or improving/expanding an existing business.

SCORE Counselors can:

**Listen** to your business problems and give you the benefit of their years of experience.

**Assist** you in creating a Business Plan.

**Direct** you toward other helpful organizations.

**Share** their perspective on the mechanics of starting and running a business.

**Advise** you through the start-up process.

**Help** you organize you project.

**Remain** available to answer questions in the coming months and years as your business grows.

Since 1968, the Auburn Chapter of SCORE has counseled more than 1700 clients who wanted to start their own business or were in business and needed assistance.

SCORE Counselors have skills in Banking, Marketing, Purchasing, Administration, Cost Accounting, Insurance, Engineering, Manufacturing and other diversified areas pertaining to Business

To receive the services of a SCORE Counselor, call the Seneca County Chamber of Commerce at 315-568-2906 and ask for a "SCORE Request for Counseling" Form #641. Complete the application and return it **to SCORE, c/o Seneca County Chamber of Commerce, P. O. Box 70, 2020 State Routes 5 & 20, Seneca Falls, New York 13148**. You will be contacted to arrange an appointment with a counselor.

**All counseling is confidential and all services are free of charge.**



U.S. Small Business Administration
Counseling Information Form

OMB Approval No.: 3245-0324
Expiration Date: 11/30/2010

Client Number:
Location Code:
Initials of Data Inputter:

1. Name of the Office Providing the Service
2. City/State of Office Location
1a. Type of Client: Face to Face, Online, Telephone

PART I: Client Request for Counseling

3. Client Name (Last, First, MI)
4. Email
5. Telephone (Primary, Secondary)
6. Fax
7. Street Address/PO Box (give business address if currently in business)
8. City
9. State
10. Zip +4

11. I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes No). I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees 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 or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance. Please note: The estimated burden for completing this form is 18 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503, OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB.

12. Preferred date & time for appointment (Date, Time)
13. Client Signature
Date:

PART II: Client Intake (to be completed by all Clients)

14. Race (mark one or more)
American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
15. Ethnicity
Hispanic or Latino
Not Hispanic or Latino
16. Gender
Male
Female
17. Do you consider yourself a person with a disability?
Yes No

18. Veteran Status
Non-Veteran
Veteran
Service-Disabled Veteran
18a. Military Status
Member of Reserve or National Guard
On Active Duty

19. What prompted you to contact us? (mark all that apply)
SBA District
SBA Web site
Other Client
Chamber of Commerce
Lender
Magazine
Educational Institution
Business Owner
Internet
Local Economic Development Official
Television/Radio
Newspaper
Word of Mouth
Other (specify)

20. Are you currently in business?
Yes No (if no, skip to 30)
21. Name of Company

22. Type of Business (choose primary category)
Mining
Manufacturing
Real Estate & Rental & Leasing
Professional, Scientific & Technical Services
Utilities
Finance & Insurance
Health Care & Social Assistance
Management of Companies & Enterprises
Information
Wholesale Trade
Accommodation & Food Services
Agriculture, Forestry, Fishing & Hunting
Construction
Public Administration
Arts, Entertainment & Recreation
Administrative & Support
Retail Trade
Educational Services
Transportation & Warehousing
Waste Management & Remediation Services
Other Services (except Public Administration)

23. Business Ownership
What percentage of your business is male or female ownership?
% Male % Female
24. Month & Year Business Started?
25. Do you conduct business online?
Yes No
26. Are you a home based Business?
Yes No
26a. Are you 8(a) certified?
Yes No

27. Total No. of Employees (full & part time)
28. For your most recent full business year, what were your:
Gross Revenues/Sales \$
+Profits/-Losses \$
29. What is the legal entity of your business?
Sole Proprietorship
Corporation
LLC
S-Corporation
Partnership
Other (specify)

30. What is the nature of counseling you are seeking? (Choose primary category)
Start-up Assistance (How do I start a small business?)
Business Plan
Financing/Capital (such as applying for a loan, building equity capital)
Managing a Business
Human Resources/Managing Employees
Customer Relations
Business Accounting/Budget
Cash Flow Management
Tax Planning
Marketing/Sales (promotion, market research, pricing, etc.)
Government Contracting (including certifications)
Franchising
Buy/Sell Business
Technology/Computers
eCommerce (using the Internet to do business)
Legal Issues (such as, Should I incorporate?)
International Trade
Describe specific assistance requested in the space provided.

**CONFIDENTIAL INFORMATION FOR YOUR COUNSELING SESSION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Kind of business contemplated \_\_\_\_\_

Your experience in this or other field \_\_\_\_\_

\_\_\_\_\_

Now Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you continue working, if now employed, while you start the new business?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you plan to borrow money? Yes \_\_\_\_\_ No \_\_\_\_\_

Estimated amount needed to start business: \$ \_\_\_\_\_

Do you have assets to back up loan? Yes \_\_\_\_\_ No \_\_\_\_\_

Estimated value of assets: \$ \_\_\_\_\_

Have you made a business plan and put it on paper? Yes \_\_\_\_\_ No \_\_\_\_\_

Estimated Monthly Expenses: \$ \_\_\_\_\_

Estimated Start-Up Costs: \$ \_\_\_\_\_

Gross Sales Needed to Pay Monthly Expenses: \$ \_\_\_\_\_

Is there a market for your product or services: Yes \_\_\_\_\_ No idea \_\_\_\_\_

How many months before the business will make a profit? \_\_\_\_\_

Can you manage until business is profitable? Yes \_\_\_\_\_ No \_\_\_\_\_

Complete this and return along with the SBA Form #641 (*attached*) to the Chamber of Commerce with Request for Counseling:

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