



Massachusetts Small Business Development Center Network

Client Rights and Responsibilities

This is a request for management and/or technical assistance from the Massachusetts Small Business Development Center Network's regional office, a subcontractor of the University of Massachusetts Amherst, a state University with the Commonwealth of Massachusetts under Chapter 648 of the Acts of 1962, as amended under a cooperative agreement number SBAHQ-19-B-0001 partially funded by the U.S. Small Business Administration and the Massachusetts Office of Business Development.

It is understood that such assistance will be provided to me free of charge and that I incur no obligation to reimburse the MSBDC or its advisor(s) providing such assistance, unless otherwise agreed to by both parties in writing. It is understood that the MSBDC will not authorize release of information given, except when required under applicable federal and state statutes, rules and regulations.

It is understood that release of such information will be made available for purposes of financial audits by the parties mentioned above in paragraph one.

I understand that the advisor(s) providing assistance to me have agreed that they will not:

- Recommend the purchase of goods or services in which he/she has an interest in or represents, and;
- Accept fees or commissions from third parties who have supplied goods or services to me on their recommendations.

The company and/or the MSBDC may terminate this request by giving written notice to the other. In consideration of furnishing you and/or your business with management and technical assistance, you agree to indemnify and hold harmless the University, its trustees, officers, employees, and all other parties mentioned in paragraph one above from any and all claims or liability in connection with this assistance.

In return for assistance, the client agrees to cooperate with the Massachusetts Small Business Development Center by providing information requested in a timely manner for advising purposes. Also, the client agrees to return qualitative data information concerning services rendered within ten (10) days of termination of business assistance and to provide impact data which may be requested, including a one year follow-up.

By contacting the regional office and requesting at least two weeks in advance, every attempt will be made to reasonably accommodate persons with disabilities and those who need translation services. Please contact the regional office where you are seeking services.

Please complete the following Request for Counseling form, sign and bring it to your first appointment.

You can type directly on the form from your computer, though you cannot save the file unless you are using the full Adobe Acrobat software (not just Acrobat Reader). All clients are required to sign the Request for Counseling form in order to receive services.



MASSACHUSETTS SMALL BUSINESS DEVELOPMENT CENTER
U.S. Small Business Administration Request for Counseling (SF641)



PLEASE PRINT or TYPE

Contact Information / Business Information (if applicable)
Lead Customer Name / Business Name
Position Title / Business Address
Home Address / Business City, State & Zip (plus 4)
Home City, State & Zip (plus 4) / Business Telephone
Home Telephone / Cell Phone / Business Fax
Email Address / Website
Date of Birth (optional) / Business Description

The Massachusetts SBDC program cannot provide business advisory services to companies that have been suspended or debarred by a federal agency. I self-certify that neither I nor my company have been suspended or debarred by a federal agency. [initial _____]. I request business advisory services 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 [yes ___ no ___]. I permit SBA or its agent the use of my name and address for SBA surveys and informational mailings regarding SBA products and services. I understand that any information discussed 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 business advisor(s). I further understand that the advisor(s) 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 business relationship. In consideration of the advisor(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.

Client Signature:

Date:

Race (mark all that apply)
Gender
Veteran Status
Do you consider yourself a person with a disability?
Ethnicity

Type of Business for which you are seeking assistance or contemplating starting: (choose one best category)
Agriculture, Forestry, Fishing, Hunting
Mining
Utilities
Construction
Manufacturing
Wholesale Trade
Retail Trade
Transportation & Warehousing
Information
Finance & Insurance
Real Estate & Rental & Leasing
Professional, Scientific & Technical Services
Management of Companies & Enterprises
Administrative & Support
Educational Services
Health Care & Social Assistance
Accommodation & Food Service
Arts, Entertainment & Recreation
Waste Management & Remediation Services
Public Administration
Other Services (except Public Administration)

Who were you referred by? (mark all that apply)
Business Owner
Chamber of Commerce
Educational Institution
SBDC
Lender
Local Economic Dev. Official
Magazine/Newspaper
Television/Radio
Other Client
SBA District Office
SBA Website
USEAC
SCORE
WBC
Word of Mouth
VBOC
Internet
Other
Boots to Business

What is the nature of the counseling you are seeking? (mark all that apply)
Start-up Assistance
Business Plan
Financing / Capital
Managing a Business
Buy/Sell Business
International Trade
e-Commerce
Cash Flow Management
Franchising
Government Contracting
Human Resources / Managing Employees
Customer Relations
Business Accounting / Budget
Legal Issues
Marketing / Sales
Tax Planning
Technology / Computers

Describe specific assistance requested:

If you came to the MSBDC seeking financing for a proposed or existing business, please check here. []

Are you currently in business?
Date business started:
If yes, are you currently exporting?
Business Ownership:
Are you a home-based business?
Do you conduct business online?
What is the legal entity of your business?
Total number of employees:
Of the total employees, how many are engaged in the exporting aspect of your business?

For the most recent full business year, what were your...
Gross Revenues/Sales \$ + Profits/-Losses \$
Amount of your gross revenues/sales related to exporting? \$
Certifications:
8(a)
HUBZone
Women-Owned Small Business
Other (special state, local, etc.)

Appendix A

If your company is currently exporting, please indicate the countries to which your company exports *(mark all that apply)*

Asia	Africa	Caribbean	Central America	North America
<input type="checkbox"/> Afghanistan <input type="checkbox"/> Bahrain <input type="checkbox"/> Bangladesh <input type="checkbox"/> Belarus <input type="checkbox"/> Bhutan <input type="checkbox"/> Brunei <input type="checkbox"/> Burma <input type="checkbox"/> Cambodia <input type="checkbox"/> China <input type="checkbox"/> East Timor <input type="checkbox"/> Georgia <input type="checkbox"/> Hong Kong <input type="checkbox"/> India <input type="checkbox"/> Indonesia <input type="checkbox"/> Iran <input type="checkbox"/> Iraq <input type="checkbox"/> Israel <input type="checkbox"/> Japan <input type="checkbox"/> Jordan <input type="checkbox"/> Kazakhstan <input type="checkbox"/> Korea, North <input type="checkbox"/> Korea, South <input type="checkbox"/> Kuwait <input type="checkbox"/> Kyrgyzstan <input type="checkbox"/> Laos <input type="checkbox"/> Lebanon <input type="checkbox"/> Macau <input type="checkbox"/> Malaysia <input type="checkbox"/> Maldives <input type="checkbox"/> Micronesia <input type="checkbox"/> Mongolia <input type="checkbox"/> Nepal <input type="checkbox"/> Oman <input type="checkbox"/> Pakistan <input type="checkbox"/> Philippines <input type="checkbox"/> Qatar <input type="checkbox"/> Russia <input type="checkbox"/> Saudi Arabia <input type="checkbox"/> Singapore <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Syria <input type="checkbox"/> Tajikistan <input type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/> Turkey <input type="checkbox"/> Turkmenistan <input type="checkbox"/> United Arab Emirates <input type="checkbox"/> Uzbekistan <input type="checkbox"/> Vietnam <input type="checkbox"/> Yemen	<input type="checkbox"/> Algeria <input type="checkbox"/> Angola <input type="checkbox"/> Benin <input type="checkbox"/> Botswana <input type="checkbox"/> Burkina Faso <input type="checkbox"/> Burundi <input type="checkbox"/> Cameroon <input type="checkbox"/> Cape Verde <input type="checkbox"/> Central African Republic <input type="checkbox"/> Chad <input type="checkbox"/> Comoros <input type="checkbox"/> Congo <input type="checkbox"/> Democratic Republic of Congo <input type="checkbox"/> Cote d'Ivoire <input type="checkbox"/> Djibouti <input type="checkbox"/> Egypt <input type="checkbox"/> Equatorial Guinea <input type="checkbox"/> Eritrea <input type="checkbox"/> Ethiopia <input type="checkbox"/> Gabon <input type="checkbox"/> Gambia <input type="checkbox"/> Ghana <input type="checkbox"/> Guinea <input type="checkbox"/> Guinea-Bissau <input type="checkbox"/> Kenya <input type="checkbox"/> Lesotho <input type="checkbox"/> Liberia <input type="checkbox"/> Libya <input type="checkbox"/> Madagascar <input type="checkbox"/> Malawi <input type="checkbox"/> Mali <input type="checkbox"/> Mauritania <input type="checkbox"/> Mauritius <input type="checkbox"/> Morocco <input type="checkbox"/> Mozambique <input type="checkbox"/> Namibia <input type="checkbox"/> Niger <input type="checkbox"/> Nigeria <input type="checkbox"/> Rwanda <input type="checkbox"/> Sao Tome and Principe <input type="checkbox"/> Senegal <input type="checkbox"/> Seychelles <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Somalia <input type="checkbox"/> South Africa <input type="checkbox"/> Sudan <input type="checkbox"/> Swaziland <input type="checkbox"/> Tanzania <input type="checkbox"/> Togo <input type="checkbox"/> Tunisia <input type="checkbox"/> Uganda <input type="checkbox"/> Zambia <input type="checkbox"/> Zimbabwe	<input type="checkbox"/> Anguilla <input type="checkbox"/> Antigua & Barbuda <input type="checkbox"/> Aruba <input type="checkbox"/> Bahamas <input type="checkbox"/> Barbados <input type="checkbox"/> Virgin Islands (British) <input type="checkbox"/> Cayman Islands <input type="checkbox"/> Cuba <input type="checkbox"/> Dominica <input type="checkbox"/> Dominican Republic <input type="checkbox"/> Grenada <input type="checkbox"/> Haiti <input type="checkbox"/> Jamaica <input type="checkbox"/> Montserrat <input type="checkbox"/> Netherlands Antilles <input type="checkbox"/> St. Kitts and Nevis <input type="checkbox"/> St. Lucia <input type="checkbox"/> St. Vincent and Grenadines <input type="checkbox"/> Trinidad and Tobago	<input type="checkbox"/> Belize <input type="checkbox"/> Costa Rica <input type="checkbox"/> El Salvador <input type="checkbox"/> Guatemala <input type="checkbox"/> Honduras <input type="checkbox"/> Mexico <input type="checkbox"/> Nicaragua <input type="checkbox"/> Panama	<input type="checkbox"/> Bermuda <input type="checkbox"/> Canada
			Europe	South America
			<input type="checkbox"/> Austria <input type="checkbox"/> Azerbaijan <input type="checkbox"/> Albania <input type="checkbox"/> Armenia <input type="checkbox"/> Belgium <input type="checkbox"/> Bosnia-Herzegovina <input type="checkbox"/> Bulgaria <input type="checkbox"/> Croatia <input type="checkbox"/> Cyprus <input type="checkbox"/> Czech Republic <input type="checkbox"/> Denmark <input type="checkbox"/> Estonia <input type="checkbox"/> Finland <input type="checkbox"/> France <input type="checkbox"/> Germany <input type="checkbox"/> Greece <input type="checkbox"/> Hungary <input type="checkbox"/> Iceland <input type="checkbox"/> Ireland <input type="checkbox"/> Latvia <input type="checkbox"/> Liechtenstein <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Macedonia <input type="checkbox"/> Malta <input type="checkbox"/> Moldova <input type="checkbox"/> Monaco <input type="checkbox"/> Montenegro <input type="checkbox"/> Netherlands <input type="checkbox"/> Norway <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Serbia <input type="checkbox"/> Slovak Republic <input type="checkbox"/> Slovenia <input type="checkbox"/> Spain <input type="checkbox"/> Sweden <input type="checkbox"/> Switzerland <input type="checkbox"/> Turkey <input type="checkbox"/> Ukraine <input type="checkbox"/> United Kingdom <input type="checkbox"/> Vatican City	<input type="checkbox"/> Argentina <input type="checkbox"/> Bolivia <input type="checkbox"/> Brazil <input type="checkbox"/> Chile <input type="checkbox"/> Colombia <input type="checkbox"/> Ecuador <input type="checkbox"/> Guyana <input type="checkbox"/> Paraguay <input type="checkbox"/> Peru <input type="checkbox"/> Suriname <input type="checkbox"/> Uruguay <input type="checkbox"/> Venezuela
				Oceania
				<input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> Cook Islands <input type="checkbox"/> Fiji <input type="checkbox"/> Kiribati <input type="checkbox"/> Marshall Islands <input type="checkbox"/> Nauru <input type="checkbox"/> Palau <input type="checkbox"/> Papua New Guinea <input type="checkbox"/> Samoa <input type="checkbox"/> Solomon Islands <input type="checkbox"/> Tonga <input type="checkbox"/> Tuvalu <input type="checkbox"/> Vanuatu
				Other
				<input type="checkbox"/> Subcontractor for Exporter <input type="checkbox"/> Sell to fill-freight