



Funded in part through a cooperative agreement with the U.S. Small Business Administration



**Kansas Small Business Development Center  
Client Intake Form**

<b>For office use only:</b>		<b>Client number:</b>		<b>Consultant:</b>	
<b>Product or Service Description</b>					
<b>Business Type:</b> <input type="checkbox"/> Accommodation/Food Service <input type="checkbox"/> Administrative/Support <input type="checkbox"/> Agriculture <input type="checkbox"/> Arts & Entertainment <input type="checkbox"/> Construction Concern <input type="checkbox"/> Educational <input type="checkbox"/> Financing <input type="checkbox"/> Health Care <input type="checkbox"/> Information <input type="checkbox"/> Management <input type="checkbox"/> Manufacturer or Producer <input type="checkbox"/> Mining <input type="checkbox"/> Professional/Technical <input type="checkbox"/> Public Administration <input type="checkbox"/> Real Estate <input type="checkbox"/> Research & Development <input type="checkbox"/> Retail Dealer <input type="checkbox"/> Service Establishment <input type="checkbox"/> Surplus Dealer <input type="checkbox"/> Transportation/Warehousing <input type="checkbox"/> Utilities <input type="checkbox"/> Waste Management <input type="checkbox"/> Wholesale Dealer					
<b>First Name</b>		<b>MI</b>	<b>Last Name</b>		
<b>Home Mailing Address</b>			<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Primary Phone #</b>		<b>Secondary phone #</b>		<b>Fax #</b>	
<b>Personal Email Address</b>				<b>Initial Session Meeting Date</b>	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No Response		<b>Hispanic Origin:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> No Response			
<b>Race:</b> <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> No Response					
<b>Veteran Status:</b> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> No Response					
<b>Military Reserve Status:</b> <input type="checkbox"/> National Guard <input type="checkbox"/> National Guard – Active Duty <input type="checkbox"/> None <input type="checkbox"/> Reservist <input type="checkbox"/> Reservist – Active Duty <input type="checkbox"/> No Response					
<b>Disabled/Handicapped?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response					
<b>JCCC:</b> <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Alumni					
<b>Established businesses only continue below this line:</b>					
<b>Business Name</b>			<b>Business Phone</b>		<b>Business Fax</b>
<b>Business Mailing Address</b>			<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Business Start Date</b>	<b>Business Website</b>				
<b>State in which your business is established</b>		<b>Business Email Address</b>			
<b>Total No. of employees including yourself:</b> Full Time _____ Part Time _____ <b>Export related:</b> Full & Part Time combined: _____					
<b>For your most recent full business year, what were your:</b> Gross revenues/sales \$ _____ Gross export-related revenue \$ _____					
<b>International Trade:</b> <input type="checkbox"/> None <input type="checkbox"/> Importer <input type="checkbox"/> Exporter <input type="checkbox"/> Importer/Exporter				<b>To what countries do you export?</b>	
<b>For office use only below this line:</b>					
<b>Business Status at Initial Meeting:</b> <input type="checkbox"/> In business (> or = 1 yr.) <input type="checkbox"/> Pre-Venture <input type="checkbox"/> Start up (in bus < 1 yr.)					
<b>Organization Type?</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Sub S Corporation					
<b>Business ownership gender:</b> <input type="checkbox"/> Male-owned <input type="checkbox"/> Male/Female-owned <input type="checkbox"/> Woman-owned <input type="checkbox"/> Woman-owned WOSB Certified <input type="checkbox"/> EDWOSB Certified					
<b>Business size:</b> <input type="checkbox"/> Disadvantaged Small <input type="checkbox"/> Large <input type="checkbox"/> Minority-owned small <input type="checkbox"/> Other Small				<b>HUBZone:</b> <input type="checkbox"/> Certified <input type="checkbox"/> Location only <input type="checkbox"/> No	
<b>Disadvantage Status:</b> <input type="checkbox"/> Certified SDB (Legacy) <input type="checkbox"/> Not certified <input type="checkbox"/> SBA 8(a) certified <input type="checkbox"/> Self-certified				<b>Distressed Area?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Products/Services:</b> Primary NAICS Code: _____ Secondary NAICS code: _____					



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## Statement of Understanding

The **Kansas Small Business Development Center's (Kansas SBDC)** is pleased to have you as a client. The KANSAS SBDC is a business development service for the whole state of Kansas that provides consulting, management education, and technical assistance to Kansas businesses and aspiring entrepreneurs. The KANSAS SBDC consulting approach is one of guidance and education, not of doing the work for the client. Consulting services are not intended to compete with or replace services available in the private sector.

As a new client of the KANSAS SBDC, we want to advise you of rights and responsibilities that you have as one of our clients.

### KANSAS SBDC Responsibilities

- Keep all client communications and information confidential unless authorized by client.
- Provide courteous and professional service.
- Advise client if the KANSAS SBDC is unable to provide services.
- Provide one-to-one consulting free of charge. Advise client of any fees for training, research or other services.
- Provide information about accessing capital. We can assist you by running, analyzing and critiquing cash flow projections. This type of assistance DOES NOT imply an endorsement of your proposal by the KANSAS SBDC, nor does it indicate intent to approve your loan request by any lending institution or guaranty institution, public or private.

### Client Responsibilities

- Notify the KANSAS SBDC consultant if you or your company are disbarred from contracting with the federal government.
- Provide all information necessary to enable the consultant to properly assist you, including information required by SBA.
- Be honest and direct about everything related to you as an entrepreneur and your potential or existing business.
- Provide complete information on your financials, cash flow, operations data and business plan.
- Notify your consultant if you do not understand the proposed plan of action.
- Cooperate with your consultant and consider the recommendations your consultant may make to help you improve your business.
- Advise us of any concern or dissatisfaction you may have with the assistance being provided.
- **Complete a written evaluation of services provided when requested.** This may include participation in electronic or telephone satisfaction and economic impact surveys.

### Quality Assurance

We welcome you as a client and encourage your comments regarding our services. You can do so by calling the KANSAS SBDC State Director from anywhere in Kansas toll free (877-625-7232).

### Request for Service

I have reviewed and understand the above Statement of Understanding as it applies to my responsibilities and those of the KANSAS SBDC Consultant. I request business consulting service from the Kansas Small Business Development Center (KANSAS SBDC). I agree to participate in surveys designed to evaluate SBA services.

By my signature below, and in consideration of the center's furnishing of management or technical assistance, I waive all claims against the center's personnel, KANSAS SBDC host organizations, and the SBA. I understand that there are no warranties or assurances in connection with the consulting assistance. I further understand that the consultant(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 consulting relationship.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

I permit KANSAS SBDC the use of my contact information for KANSAS SBDC informational electronic mailings regarding KANSAS SBDC products and services: (Yes  No ).