

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-17-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 Other Phone (Cell)					
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 mailingsregarding 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) Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White Ethnicity: Hispanic or Latino Not Hispanic or Latino		Gender Male Female Do you consider yourself a person with a disability? No		son with	Veteran Status ☐ Non-Veteran ☐ Veteran ☐ Service-Disabled Veteran Military Status ☐ Member of Reserve or National Guard ☐ On Active Duty			
Type of Business for which you are seeking assistance or contemplating starting: (a Agriculture, Forestry, Fishing, Hunting Transportation & Warehousi Mining Information Utilities Finance & Insurance Construction Real Estate & Rental & Leasi Professional, Scientific & Tec Wholesale Trade Management of Companies Retail Trade Administrative & Support			ing					
☐ Business Owner ☐ Lend ☐ Chamber of Commerce ☐ Loca ☐ Educational Institution ☐ Mag	Who were you referred by? (mark all that apply) Business Owner			☐ SCORE ☐ Internet ☐ WBC ☐ Word of Mouth ☐ Other (specify)				
What is the nature of the counseling you are seeking? (mark all that apply) Start-up Assistance International Trade Government Contracting Legal Issues Business Plan e-Commerce Human Resources / Managing Employees Marketing / Sales Financing / Capital Cash Flow Management Customer Relations Tax Planning Managing a Business Franchising Business Accounting / Budget Technology / Compute Buy/Sell Business Describe specific assistance requested:					Marketing / Sales			
If you came to the MSBDC seeking financing for a proposed or existing business, please check here.								
Are you currently in business? Yes No If no, stop here.	Business Ownership: What percentage your business is male or female-owned Male Female				97	Total number of employees: Full Time Part Time		
Date business started: ———————————————————————————————————	Are you a home-based Yes No	Partnership S-Corporation are engage of your be Sole Proprietorship Full Time Part Time			Of the total employees, how many are engaged in the exporting aspect of your business? Full Time Part Time			
For the most recent full business year, what were your Gross Revenues/Sales \$ +Profits/-Losses \$ 8(a)								
FOR BUSINI Client Type: HGHI GREEN	ESS ADVISOR USE ONLY NAICS Code:				641- Previo roval No.: 32	us versions are obsolete. 245-0324		

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