



INITIAL COUNSELING FORM

Request for counseling

CONTACT INFORMATION			
Contact person		Email	
Title	Owner (select one) <input type="checkbox"/> Y <input type="checkbox"/> N	Gender (select one) <input type="checkbox"/> M <input type="checkbox"/> F	
Race (select one) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian	Veteran (select one) <input type="checkbox"/> Service-disabled Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Non-veteran		
COMPANY INFORMATION			
Company name			
Street Address			
City	County	State	Zip
Phone		Fax	
Federal Congressional District		State Congressional District	
Website			
Date Company Established		Number of employees Full-time Part-time	
Federal ID#	Duns#	Cage Code	
Company Gender (select one) <input type="checkbox"/> Male <input type="checkbox"/> Female <50% owned <input type="checkbox"/> Male/Female	Company Veteran Status (select one) <input type="checkbox"/> Service-Disabled Veteran owned <input type="checkbox"/> Veteran owned <input type="checkbox"/> Non-veteran	Business Size (select one) <input type="checkbox"/> Disadvantaged Small <input type="checkbox"/> Minority-Owned Small <input type="checkbox"/> Other Small <input type="checkbox"/> Large <input type="checkbox"/> Certified SDB** <input type="checkbox"/> Certified 8a **	
Business Type (select one) <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Service Establishment <input type="checkbox"/> Construction Concern <input type="checkbox"/> Retail Dealer <input type="checkbox"/> Surplus Dealer <input type="checkbox"/> Wholesale Dealer <input type="checkbox"/> Research/Development		Organization Type (select one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-profit <input type="checkbox"/> Limited Liability Co <input type="checkbox"/> Corporation <input type="checkbox"/> Sub S Corporation	
International Trade (select one) <input type="checkbox"/> Y <input type="checkbox"/> N	Hubzone** (select one) <input type="checkbox"/> Y <input type="checkbox"/> N		**If yes, enter Certification Date
SBA Client Type (select one) <input type="checkbox"/> Applicant <input type="checkbox"/> Borrower <input type="checkbox"/> COC <input type="checkbox"/> 8a Client <input type="checkbox"/> 8a Borrower <input type="checkbox"/> 8a Surety Bond <input type="checkbox"/> Surety Bond <input type="checkbox"/> None	Business Status (select one) <input type="checkbox"/> Pre-venture <input type="checkbox"/> In Business <input type="checkbox"/> Home-based Business		



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COMPANY INFORMATION (cont)	
Product Service Codes (PSCs):	
Standard Industrial Classifications (SICs):	
NAICSs:	
Short description of company's products and/or services:	
Have you visited another center: Y / N If yes, which one?	

APPLICANT MUST SIGN AND DATE:

I request business management assistance from the Hampton Roads Procurement Assistance Center. I agree to cooperate should I be selected to participate in surveys designed to evaluate the Procurement Assistance Center's services. On a quarterly basis, I agree to inform the Hampton Roads Procurement Assistance Center of any government contracts or subcontracts that I am awarded. I authorize the Center to furnish relevant information to the assigned counselor(s), although I expect that information to be held in strict confidence by him/her.

I understand that there are no warranties or assurances in connection with the counseling assistance.

Applicant signature and Title

Date

Proprietary Information