

AZ SBDC Network Address List – July 5, 2011

<p>AZ SBDC Network – State Office 2411 West 14th Street, Room 114 Tempe, AZ 85281 Voice: 480-731-8720 Fax: 480-731-8729 www.azsbd.org</p>	<p>Janice Washington, State Director 480-731-8722 janice.washington@domail.maricopa.edu</p>	<p>Danay Bell, Administrative Assistant 480-731-8720 danay.bell@domail.maricopa.edu</p> <p>Lori Martinek, Marketing Coordinator lori.martinek@domail.maricopa.edu</p> <p>Janice Barham, Technology Coordinator 480-731-8217 janice.barham@domail.maricopa.edu</p>
<p>Maricopa Community Colleges District Academic & Student Affairs 2411 West 14th Street, Suite 604 Tempe, AZ 85281</p> <p>Grants Accounting 2411 West 14th Street, Suite 528 Tempe, AZ 85281</p>	<p>Dr. Maria Harper- Marinick, Executive Vice Chancellor & Provost 480-731-8101 maria.harper@domail.maricopa.edu</p> <p>Kate Bankston, Associate Controller 480-731-8571 kathleen.bankson@domail.maricopa.edu (Temporarily working with SBDC until new Grants Accountant is hired)</p>	<p>Donna Beamer, Assistant to the Executive Vice Chancellor 480-731-8106 donna.beamer@domail.maricopa.edu</p>
<p>Small Business Administration 2828 North Central Avenue, Suite 800 Phoenix, AZ 85004 Voice: 602-745-7200 Fax: 602-745-7210 www.sba.gov</p>	<p>Bob Blaney, District Director and Project Officer 602-745-7222 robert.blaney@sba.gov</p> <p>Shivani Dubey Associate Deputy Director 602-745-7227 shivani.dubey@sba.gov</p>	
<p>Arizona Western College SBDC 1351 South Redondo Center Drive Suite 101 Yuma, AZ 85365 Voice: 928-317-6151 Fax: 928-317-6154 http://awc.azsbd.org</p>	<p>Randy Nelson, Director 928-317-6152 randy.nelson@azwestern.edu</p> <p>Nohemi Valtierra, Administrative Assistant nohemi.valtierra@azwestern.edu</p> <p>Robert Hawkey, Business Analyst - Jobs Initiative robert.hawkey@azwestern.edu</p>	<p>Sandy Hernandez, Business Analyst/ Administrative Assistant sandra.hernandez@azwestern.edu</p> <p>Alan Prulltt, Business Analyst alan.prulltt@azwestern.edu</p> <p>Vanessa Blackburn, Business Analyst – Jobs Initiative vanessa.blackburn@azwestern.edu</p>
<p>Central Arizona College SBDC 1000 N. Camino Mercado, Ste. #1 Casa Grande, AZ 85222-5751</p>	<p>Jim Rhodes, Director jim.rhodes@centralaz.edu</p>	<p>Lorrie Peña, Program Assistant sbdc@centralaz.edu</p>

AZ SBDC Network Address List – July 5, 2011

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Coconino Community College SBDC
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 Fax: 928-428-2578 (Mailroom
 Fax Machine)
 Tollfree: 888-322-5780
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Vacant,
 Director

Vacant,
 Administrative Assistant

AZ SBDC Network Address List – July 5, 2011

<http://gccsbdc.com>

**Satellite Office – Gila Pueblo
Campus**
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Globe, AZ 85502-2656
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**Maricopa Community Colleges
SBDC**
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**Chandler Satellite -
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Phone 480-809-6117
(Major Cross streets are Chandler
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**East Valley Satellite Office
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Luis Reynoso,
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AZ SBDC Network Address List – July 5, 2011

<p>Glendale SBDC Glendale Community College Veterans Center 6000 W. Olive Ave Glendale, AZ 85302 (Staffed on Tuesday and Thursday, By appointment Only)</p>	<p>Michael D'Hoostelaere, Business Analyst Michael.dhoostelaere@domail.maricopa.edu</p>
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<p>West Valley Satellite Office 12535 Smokey Drive, Rm. 1037 Surprise, AZ 85378 Voice: 480-784-0597 Fax: 480-377-4299 (Staffed on Tuesday and Thursday)</p>	<p>Michael D'Hoostelaere, Business Analyst Michael.dhoostelaere@domail.maricopa.edu</p>
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<p>Scottsdale SBDC Satellite Office Scottsdale Chamber of Commerce 4021 N. 75th Street, Ste. 210 Scottsdale, AZ 85281 Voice: 480-355-2703 (Staff Hours TBD, By Appointment Only)</p>	<p>Rachel Busch, Business Analyst -Jobs Initiative rachel.busch@domail.maricopa.edu</p>
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<p>Paradise Valley College SBDC Satellite Office 18401 N. 32nd St, Bldg J Phoenix, AZ 85032 (Staffed Monday morning, Tuesday morning, and Thursday, By Appointment Only)</p>	<p>Thomas "Tom" Fulcher, Business Analyst thomas.fulcher@domail.maricopa.edu</p>
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<p>Estrella Mountain Community College SBDC- Avondale Satellite Office EMCC Skill Center 3000 N. Dysart Road Avondale, AZ 85392 (Staff Hours TBD, By Appointment Only)</p>	<p>Jeffrey Swenson, Business Analyst - Jobs Initiative jeffrey.swenson@domail.maricopa.edu</p>
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<p>Mohave Community College SBDC 1971 Jagerson Avenue Kingman, AZ 86409 Voice: 928-757-0894 Fax: 928-692-3087 www.mohave.edu/pages/sbdc</p>	<p>Kelley Marsh, Director 928-757-0895 kmarsh@mohave.edu</p>	<p>Lisa Card, Administrative Assistant 928-757-0894 lcard@mohave.edu</p>
	<p>Loy Strother, Business Analyst lstrother@mohave.edu</p>	

<p>Northland Pioneer College SBDC Mail: PO Box 610 Holbrook, AZ 86025 Street: 1001 Deuce of Clubs Show Low, AZ 85901 Voice: 928-532-6170</p>	<p>Tracy Mancuso, Director tracy.mancuso@npc.edu</p>	<p>Gary Hanyzewski Business Analyst 928-532-6706 gary.hanyzewski@npc.edu</p>
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AZ SBDC Network Address List – July 5, 2011

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**Satellite Office –
Springerville - Eagar**
Mail: PO Box 610
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Eagar, AZ 85925
Voice: 928-333-2498
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**Microbusiness Advancement
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Tucson, AZ 85745
Voice: 520-620-1241

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Yavapai College SBDC
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Mary Ward,
Office Manager
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Staffed by Yavapai College SBDC on
Tuesdays and Coconino College SBDC on
Mondays.

**Satellite Office – Verde Valley
SBDC**
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Technology
Yavapai College Sedona Center
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Fax: 928-649-4589

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U.S. Small Business Administration
Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 11/30/2013

Client Number:
Location Code:
Initials of Data Inputter:

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

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business)
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. Referred by? (Mark all that apply)
SBA District Office
Lender
Business Owner
SBA Web site
SBDC
USEAC
SCORE
WBC
Other Client
Educational Institution
Local Economic Development Official
Chamber of Commerce
Magazine/Newspaper
Word of Mouth
Television/Radio
Internet (please indicate website)
Other (specify)
20a. Are you currently in business? Yes No (if no, skip to 30)
20b. If yes, are you currently exporting? Yes No
If yes to 20b, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).
21. Name of Business
22. Type of Business (choose primary category)
Mining
Utilities
Information
Construction
Retail Trade
Manufacturing
Finance & Insurance
Wholesale Trade
Public Administration
Educational Services
Real Estate & Rental & Leasing
Health Care & Social Assistance
Accommodation & Food Services
Arts, Entertainment & Recreation
Transportation & Warehousing
Professional, Scientific & Technical Services
Management of Companies & Enterprises
Agriculture, Forestry, Fishing & Hunting
Administrative & Support
Waste Management & Remediation Services
Other Services (except Public Administration)
23. Business Ownership What percentage of your business is male or female owned?
% Male % Female
24. Date Business Started?(MM/YYYY)
25. Do you conduct business online?
Yes No
26a. Are you a home based business? Yes No
26b. Are you 8(a) certified? Yes No
27a. Total No. of Employees (Full & PT)
27b. Of total employees, how many are engaged in the exporting aspect of your business? (Full & PT)
28a. For your most recent full business year, what were your: Gross Revenues/Sales \$
+Profits/-Losses \$
28b. Amount of your Gross Revenues/Sales related to exporting \$
29. What is the legal entity of your business?
Sole Proprietorship
S-Corporation
Other (specify)
Corporation
Partnership
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

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**U.S. Small Business Administration
Counseling Information Form**

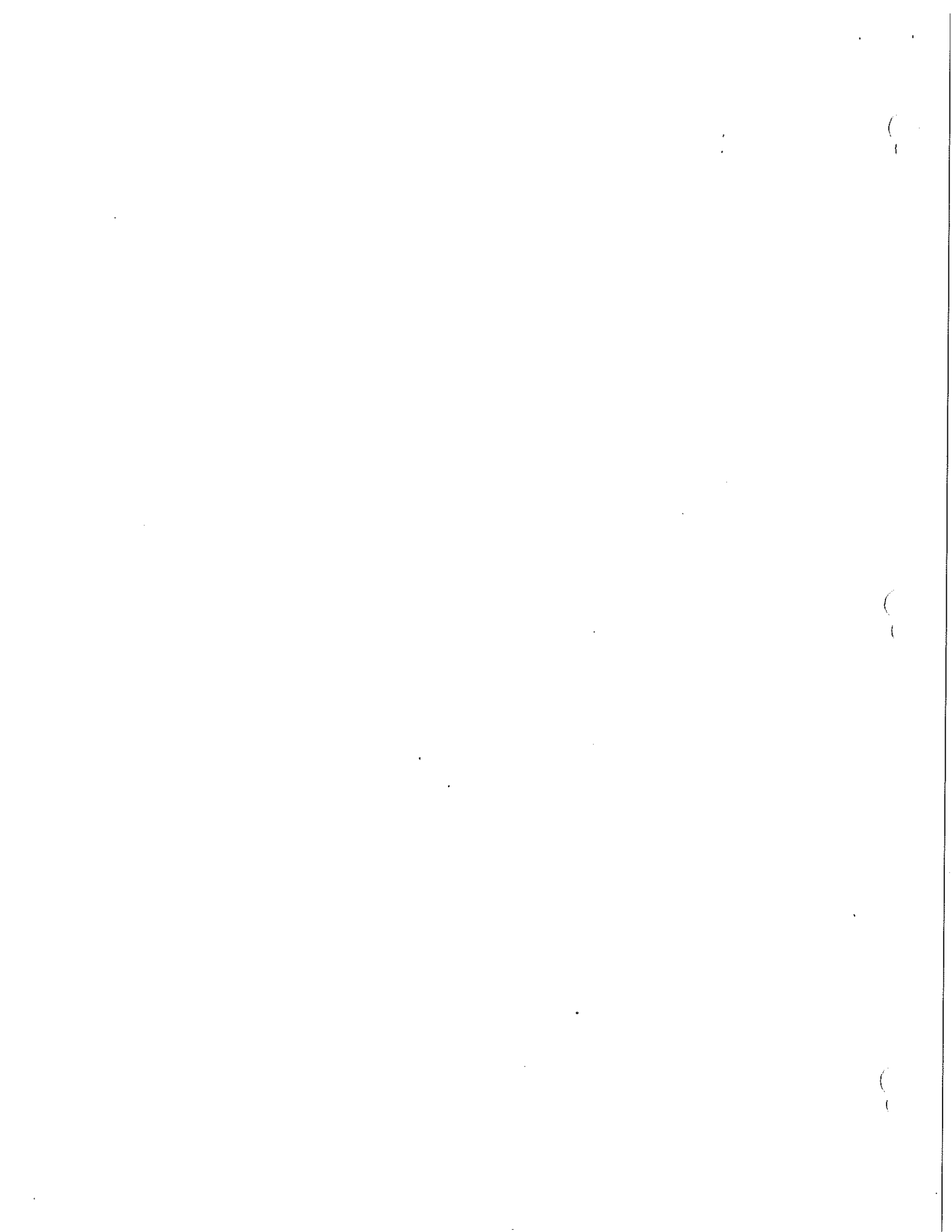
OMB Approval No.: 3245-0324
Expiration Date: 11/30/2013

Client Number:
Location Code:
Initials of Data Inputer:

Funding Source

Part III: Counselor Record

31. Client Name (Please use the same name from original 641 Part I) (Last, First, MI)		32. Email	
33. Telephone Primary _____ Secondary _____		34. Fax _____	
35. Street Address /P.O. Box _____	36. City _____	37. State _____	38. Zip _____ +4
39a. Is the client currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip to 44) 39b. Is the client currently exporting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please turn to Appendix A on page 3 to indicate the markets to which your client currently exports (mark all that apply).			40. Date Business Started? (MM/YYYY)
41a. Total No. of Employees: (Full & PT) _____	42a. As of the most recent full business year, what were the client's annual: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____		
41b. Of total employees, how many are engaged in the exporting aspect of client's business?: (Full & PT) _____	42b. As of the most recent full business year, how much of your client's Gross Revenues/Sales were related to exporting? \$ _____		
43. SBA or Resource Partner Service Contributed to the Following: (Mark all that apply)			
SBA Loan Amount \$ _____ Non-SBA Loan Amount \$ _____ Amount of Equity Capital Received \$ _____ No. of Government Contracts/Subcontracts _____ Annual Value of Government Contracts/Subcontracts Received \$ _____	Certifications <input type="checkbox"/> 8(a) <input type="checkbox"/> HUBZone <input type="checkbox"/> Women Owned Small Business <input type="checkbox"/> Other (specify state, local, etc) _____		SBA Financial Assistance <input type="checkbox"/> Export Express <input type="checkbox"/> Export Working Capital Loan <input type="checkbox"/> Community Advantage <input type="checkbox"/> Micro loan <input type="checkbox"/> SBIR <input type="checkbox"/> Other (SBIC, 7(a) 504, etc) _____
44. What was the nature of the counseling you provided the client? (Choose primary category)			
<input type="checkbox"/> Start-up Assistance (How do I start a small business?) <input type="checkbox"/> Business Plan <input type="checkbox"/> Financing/Capital (such as, applying for a loan, building equity capital) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Please specify other counseling provided _____			
<input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Customer Relations <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Tax Planning			
<input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> Franchising <input type="checkbox"/> Buy/Sell Business			
<input type="checkbox"/> Technology/Computers <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> International Trade			
45. Referred Client to (mark all that apply):			
<input type="checkbox"/> WBC <input type="checkbox"/> SBA District Office <input type="checkbox"/> Export/Import Bank <input type="checkbox"/> Dept of Commerce <input type="checkbox"/> Other _____ <input type="checkbox"/> SCORE <input type="checkbox"/> USEAC <input type="checkbox"/> OPIC <input type="checkbox"/> Dept of State <input type="checkbox"/> SBDC <input type="checkbox"/> State Trade Agency <input type="checkbox"/> Dept of Agriculture <input type="checkbox"/> U.S. Trade & Development Agency			
46. Type of Session <input type="checkbox"/> Face to Face <input type="checkbox"/> Online <input type="checkbox"/> Update <input type="checkbox"/> Telephone <input type="checkbox"/> Prep	47. Language(s) Used: <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spanish	48. History <input type="checkbox"/> New Case <input type="checkbox"/> Follow-up <input type="checkbox"/> One Time	49. Date Counseled (MM/YYYY)
50. Counselor(s) Name (If multiple counselors, list lead counselor first and separate each additional counselor name by a semi-colon):		51. Contact Hours Total contact hours that a client received _____	51b. Prep Hours Total amount of preparation spent by all of the counselors for a client _____
51c. Travel Hours Total amount of time it takes to travel to a client's location for counseling _____			
52. Did more than one counselor participate in this counseling session? Yes ___ No ___ If yes, how many counselors? _____			
53. Counselor's Notes:			





**U.S. Small Business Administration
Counseling Information Form**

OMB Approval No.: 3245-0324
Expiration Date: 11/30/2013

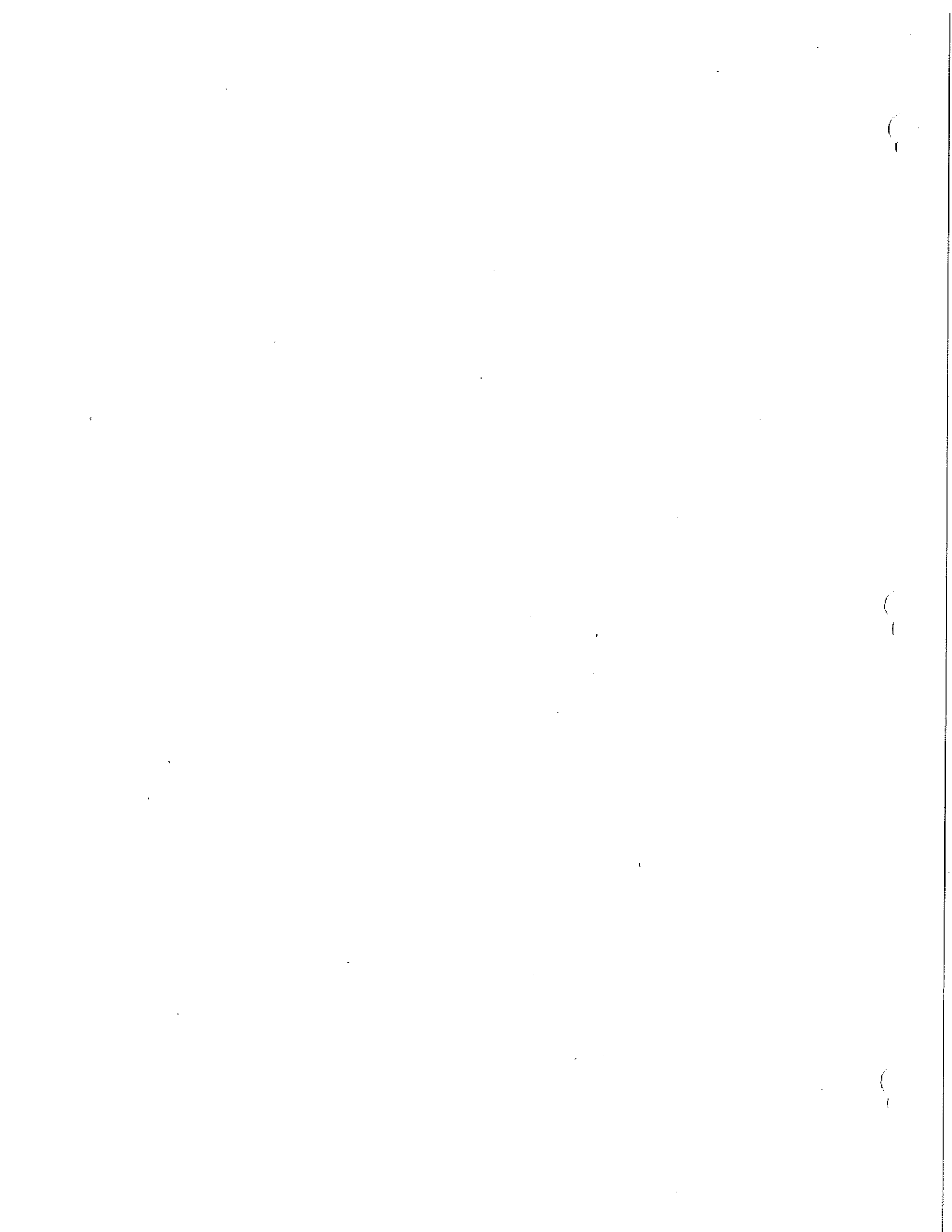
Client Number:
Location Code:
Initials of Data Inputter:

Appendix A to Questions 20b. & 39b.

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"/> 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"/> Nicaragua <input type="checkbox"/> Panama	<input type="checkbox"/> Bermuda <input type="checkbox"/> Mexico <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"/> Italy <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"/> Self to fill-freight

Please note: The estimated burden for completing this form is 23 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.



Client Evaluation Matrix



Need / Commitment / Feasibility
 0-15 20-35 40-50

C ₁ counselor's discretion	B ₁ follow-on counseling	A follow-on counseling
D ₁ one-time client	C ₂ counselor's discretion	B ₂ follow-on counseling
E one-time client	D ₂ one-time client	C ₃ counselor's discretion

0-15 20-35 40-50
Economic Impact Outcomes

Client Name: _____
 Date: _____
 Counselor: _____

Economic Impact Outcomes:
 Jobs: new/retained
 Rural: L=1; M=2; H=3
 Urban: L=1.5; M=3; H=4.5
 Revenue Increase
 L=5%; M=10%; H=25%
 Credit Potential
 Equity Investment Potential
 Start up/turnaround/growth
 cell score

Need: Limited client resources
 management building/equipment technology
 SBDC mission fit
 - Underserved market
 - Community connection

Commitment: Client willingness to listen and to consider SBDC input
 Owner
 Mgmt team

Feasibility: Market opportunities
 product differentiation
 market niche
 Financial viability
 adequate resources
 adequate cash flow
 adequate liquidity
 cell score

To score EI Outcomes & Need/Commitment/Feasibility use the following Scale: Low (L) =0, Medium (M) =5, High (H) = 10

Notes: _____

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PERSONAL FINANCIAL STATEMENT

As of _____, 19____

S. SMALL BUSINESS ADMINISTRATION

Complete this form for: (1) each proprietor or (2) each limited partner who owns 20% or more interest and each general partner or (3) each stockholder owning 20% or more of voting stock or (4) any person or entity providing a guaranty on the loan.

Name _____ Business Phone () _____

Residence Address _____ Residence Phone () _____

City, State, & Zip Code _____

Business Name of Applicant/Borrower _____

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hands & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
		Net Worth	\$ _____
Total	\$ _____	Total	\$ _____

Section 1 - Source of Income

Salary	\$ _____
Net Investment Income	\$ _____
Real Estate Income	\$ _____
Other Income (Describe below)*	\$ _____

Contingent Liabilities

As Endorser or Co-Maker	\$ _____
Legal Claims & Judgments	\$ _____
Provision for Federal Income Tax	\$ _____
Other Special Debt	\$ _____

Description of Other Income in Section 1: _____

*Amount of child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2 - Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

PLEASE NOTE: The annual average burden for the completion of this form is 15 minutes per response. If you have questions or comments concerning the amount of time or other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20503. 20416 and Clearance Office, Paper Reduction Project (244-0154), Office of Management and Budget, Washington, D.C. 20503.

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Section 8: Life Insurance Held. (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries)

Section 7: Other Liabilities. (Describe in detail)

Section 6: Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and/or what property, if any, is/are attached)

Section 5: Other Personal Property and Other Assets. (Describe and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency)

Type of Property	Address	Date Purchased	Original Cost	Present Market Value	Name & Address of Mortgage Holder	Mortgage Account Number	Mortgage Balance	Amount of Payment Per Month/Year	Status of Mortgage
Property A									
Property B									
Property C									

Section 4: Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a portion of this statement and signed)

Number of Shares	Name of Securities	Cost	Market Value	Date of Quotation/Exchange	Total Value

Section 3: Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)

Loan Request Information

To expedite your loan request,
please provide the following information:

Financial Information

- Personal Financial Statement (current within the last six months).
 - Three years personal income tax returns. (Please include all pages and schedules.)
 - Three business year-end balance sheets.
 - Three business year-end income statements.
 - Statements of Cash Flows for the three business year-end statements.
 - If most recent business year-end was more than 8 months ago, include 6 months interim statement.
 - Three years' business tax returns. (All pages and schedules.)
 - Current accounts receivable aging and listing.
 - Current accounts payable aging and listing.
 - Current Inventory listing.
- Please sign and date each of the above documents requested.**
Business statements should be signed along with your title.

Additional Information

- Business Plan.
- Financial projections. (Should show source of funds to pay all payments including this request.)
- Copy of your recorded Articles of Incorporation and bylaws.
- Copy of your recorded Articles of Organization.
- Copy of your Partnership Agreement or Joint Venture Agreement.
- Certificate of Fictitious Name.
- Full Trust Agreements and all Amendments when assets are held in the trust name.
- Copy of Vesting Deed.
- Assessor's Notice of Valuation.
- Invoice for equipment to be purchased or equipment listing, including description and valuation.
- Other _____

General Information

Your Attorney's
Name _____ Address _____ Phone _____

Your Accountant's
Name _____ Address _____ Phone _____

Your Insurance Agent's
Name _____ Address _____ Phone _____

3

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Entrepreneurial Quiz

Circle the answer that says what you feel or comes most closely to it. Be honest with yourself.

1. Are you a self-starter?
 - a. I do things on my own. Nobody has to tell me to get going.
 - b. If someone gets me started, I keep going all right.
 - c. Easy does it. I don't put myself out until I have to.

2. How do you feel about other people?
 - a. I like people. I can get along with just about anybody.
 - b. I have plenty of friends - I don't need anyone else.
 - c. Most people irritate me.

3. Can you lead others?
 - a. I can get most people to go along when I start something.
 - b. I can give orders if someone tells me what we should do.
 - c. I let someone else get things moving. Then I go along if I feel like it.

4. Can you take responsibility?
 - a. I like to take charge of things and see them through.
 - b. I'll take over if I have to, but I'd rather let someone else be responsible.
 - c. There's always some eager beaver around wanting to show how smart he is. I say let him.

5. How good an organizer are you?
 - a. I like to have a plan before I start. I'm usually the one to get things lined up when the group wants to do something.
 - b. I do all right unless things get too confused. Then I quit.
 - c. You get all set and then something comes along and presents too many problems. So I just take things as they come.

6. How good a worker are you?

- a. I can keep going as long as I need to. I don't mind working hard for something I want.
- b. I'll work hard for a while, but when I've had enough, that's it.
- c. I can't see that hard work gets you anywhere.

7. Can you make decisions?

- a. I can make up my mind in a hurry if I have to. It usually turns out O.K., too.
- b. I can if I have plenty of time. If I have to make up my mind fast, I think later I should have decided the other way.
- c. I don't like to be the one who has to decide things.

8. Can people trust what you say?

- a. You bet they can. I don't say things I don't mean.
- b. I try to be on the level most of the time, but sometimes I just say what's easiest.
- c. Why bother if the other fellow doesn't know the difference?

9. Can you stick with it?

- a. If I make up my mind to do something, I don't let anything stop me.
- b. I usually finish what I start - if it goes well.
- c. If it doesn't go right away, I quit. Why beat your brains out?

10. How good is your health?

- a. I never run down.
- b. I have enough energy for most things I want to do.
- c. I run out of energy sooner than most of my friends seem to.

Claudia Smetana

From:
Sent: Wednesday, April 20, 2011 7:32 AM
To: Claudia Smetana
Subject: Phone list

Claudia,

Here is the current phone list one other item I missed mentioning is that Yvette has David's extension on her phone.

40586 Tom Fulcher
40587 SBDC Conference
40588 Yvette Estrada
40589 Ilene Ringler
40590 SBDC Callers Menu
40591 Sanjay Dhole
40592 Claudia Smetana
40593 John Henry Smith
40594 Linda Koenes
40595 Yvette Estrada
40595 David Norcross
40596 Mark Engle
40597 Michael D'Hoostelaere
40598 Nancy Sanders
40599 Lisha Garcia

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