



Greeley/Weld Small Business Development Center Request for Counseling Questionnaire

New Clients

This form must be completed and submitted to the Greeley/Weld Small Business Development Center prior to receiving a scheduled counseling appointment. Please complete this questionnaire to the best of your ability. The information is used to help the consultant prepare for your appointment. Please bring this completed form to your first counseling appointment.

Client Name: _____ Phone: _____

Business Name: _____ Email: _____

Address: _____

How did you hear about the Greeley/Weld SBDC?

Have you attended a business seminar offered by the Greeley/Weld SBDC? Yes No

Provide a brief description of your business:

Why have you chosen this business?

Do you have a written business plan? Yes No

Provide a description of your products/services:

What is your competitive edge? Why will/do customers buy your products/services?

Provide a description of your target customers:

How will/do you reach your customers and motivate them to buy?

Who are your top 3 competitors and what differentiates your products/services from them?

Describe the experience and knowledge that qualifies you to operate this business successfully:

What are your 2-year financial goals for this business?

	Current Year	Second Year
Sales		
Profits		

Do you have cash needs to grow/start this business? Yes No

If yes, how much?

What have you done to obtain these funds?

How would you define success for your business?

What type of growth would you like to see for your business?

- | | | |
|---|--|--|
| <input type="checkbox"/> Revenue | <input type="checkbox"/> Employees | <input type="checkbox"/> Personal Satisfaction |
| <input type="checkbox"/> Profit | <input type="checkbox"/> Power/Influence | <input type="checkbox"/> Locations |
| <input type="checkbox"/> Benefit to Society | <input type="checkbox"/> Customers | |
| <input type="checkbox"/> Market Share | <input type="checkbox"/> Intellectual Property Created | |

Business Skills Assessment

I monitor my profitability and cash flow on a regular basis.

- Yes Needs Improvement

I have key measurements that I monitor on a monthly basis.

- Yes Needs Improvement

I can interpret the financial ratios for my business and use them to measure my performance.

- Yes Needs Improvement

Skills	Ok	Needs Improvement	Situation Critical
Business Plan Development			
Cash Flow Management			
Marketing Strategy			
Market Research			
Understanding Financial Statements			
Sales			
Management			
Taxes			
Bookkeeping			
Legal Issues			
Inventory Control			
Marketing Plan Development			
Organizational Development			
Strategic Planning			
Managing Staff			

I request business management assistance from the Small Business Development Center and the Small Business Administration. 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 survey 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) 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 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.

Signature: _____

Date: _____