

SBDC CLIENT AGREEMENT

<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Dr.	First Name:	MI:	Last Name:	
Are you the business owner? <input type="checkbox"/> Yes <input type="checkbox"/> No								Position/Title:			
Business Name (Leave blank if not in business):											
Address (Give business address if you are currently in business. If not in business, use personal address):											
City:				State:			Zip Code:			County:	
Primary E-mail (Please select):		<input type="checkbox"/> Personal		<input type="checkbox"/> Business							
Secondary E-mail (Please select):		<input type="checkbox"/> Personal		<input type="checkbox"/> Business							
Primary Phone (Please select):		<input type="checkbox"/> Home		<input type="checkbox"/> Work		<input type="checkbox"/> Cell					
Secondary Phone (Please select):		<input type="checkbox"/> Home		<input type="checkbox"/> Work		<input type="checkbox"/> Cell					
Business Website:											
How did you hear about the Small Business Development Center?											
<input type="checkbox"/> Bank/Lender _____			<input type="checkbox"/> EDC			<input type="checkbox"/> Social Media					
<input type="checkbox"/> SBA			<input type="checkbox"/> Federal, State or Local Government			<input type="checkbox"/> University					
<input type="checkbox"/> SBDC/SBDC Workshop			<input type="checkbox"/> Internet			<input type="checkbox"/> Word of mouth					
<input type="checkbox"/> PTAC			<input type="checkbox"/> Local Business Organization _____			<input type="checkbox"/> SCORE/WBC					
<input type="checkbox"/> Chamber of Commerce _____			<input type="checkbox"/> Media (Newspaper, TV, Radio)			<input type="checkbox"/> Other _____					
Race: (check all that apply)					Ethnicity:			Gender:			
<input type="checkbox"/> Asian		<input type="checkbox"/> Black/African American			<input type="checkbox"/> Hispanic or Latino			<input type="checkbox"/> Female			
<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> American Indian or Alaskan Native			<input type="checkbox"/> Not Hispanic or Latino			<input type="checkbox"/> Male			
<input type="checkbox"/> White		<input type="checkbox"/> Choose not to respond			<input type="checkbox"/> Choose not to respond			<input type="checkbox"/> Choose not to respond			
Do you consider yourself a person with a disability?				Military Status:							
<input type="checkbox"/> No <input type="checkbox"/> Choose not to respond				<input type="checkbox"/> None		<input type="checkbox"/> On Active Duty		<input type="checkbox"/> Spouse of Military Member			
<input type="checkbox"/> Yes				<input type="checkbox"/> Veteran		<input type="checkbox"/> Member of the National Guard		<input type="checkbox"/> Choose not to respond			
				<input type="checkbox"/> Service-Disabled Veteran		<input type="checkbox"/> Member of the Reserves					
Company Information (Complete <u>only</u> if currently operating a business)											
Brief business description:											
Number of Employees:					For the most recent full year, what were your:						
Full-Time: _____					Gross Revenue/Sales _____						
Part-Time: _____					+Profits/-Losses _____						
Are You Currently Involved in Exporting?				If yes, please complete Appendix A to indicate the markets to which your company currently exports (mark all that apply).							
<input type="checkbox"/> No <input type="checkbox"/> Yes											
Of total employees, how many are engaged in the exporting aspect of your business? (FT & PT) _____					Amount of your Gross Revenue/Sales related to exporting _____						

Type of Business (choose primary category)

- | | | | |
|---------------------------------------|------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Mining | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Real Estate & Rental & Leasing | <input type="checkbox"/> Professional, Scientific & Technical Services |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Health Care & Social Assistance | <input type="checkbox"/> Management of Companies & Enterprises |
| <input type="checkbox"/> Information | <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Accommodation & Food Services | <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Public Administration | <input type="checkbox"/> Arts, Entertainment & Recreation | <input type="checkbox"/> Administrative & Support |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Educational Services | <input type="checkbox"/> Transportation & Warehousing | <input type="checkbox"/> Waste Management & Remediation Services |
| | | | <input type="checkbox"/> Other Services (except Public Administration) |

Business Ownership:

What percentage of your business is male or female owned?

% Male

% Female

Company Start Date:

Business Organization:

- | | |
|------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Sub S Corporation |

Do you conduct business online?

No

Yes

Is this a home-based business?

No

Yes

Are you 8(a) certified?

No

Yes

What Type of Assistance Do You Need?

- | | | | |
|----------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Start-up Assistance | <input type="checkbox"/> Human Resources/Managing Employees | <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Technology/Computers |
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Customer Relations | <input type="checkbox"/> Government Contracting | <input type="checkbox"/> eCommerce |
| <input type="checkbox"/> Financing/Capital | <input type="checkbox"/> Business Accounting/Budget | <input type="checkbox"/> Franchising | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Managing a Business | <input type="checkbox"/> Cash Flow Management | <input type="checkbox"/> Buy/Sell Business | <input type="checkbox"/> International Trade |
| <input type="checkbox"/> Managing a Business - Expansion | | | |

I request no cost advisory services from the Texas Gulf Coast SBDC Network, which is a resource partner of the U.S. Small Business Administration.

I agree to participate when I am asked to complete surveys designed to evaluate those advisory services.

Checking either the YES or NO box in the following statement is not required to receive SBDC 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 certify that neither I nor my company are currently suspended or debarred by a Federal Agency.

I certify that my business has not been, is not currently, nor will it at any time be, operated or otherwise used in any manner that is in violation of criminal law, nor has it assisted, nor is it currently assisting, nor will it at any time assist another individual or entity in any manner that violates criminal law. I agree to release, indemnify, and hold harmless, the University of Houston System, the University of Houston, the Small Business Administration, the Texas Gulf Coast SBDC Network and its host organizations, as well as each of the above entity's respective board members, officers, directors, employees, authorized representatives, advisors, and other personnel ("Releasees") from and against any and all liability that may arise from the actions (negligent or otherwise) by me, my business, or its employees, as well as against any and all claims or causes of action that may be brought against the Releasees by me, my business, its employees, or any third party, or that may be brought against me, my business, or its employees, by a third party.

Signature: _____

Date: _____

I certify that I have the signature authority to sign on behalf of the business.

For SBDC Business Advisor to Complete:

Company Status:

Not in Business

In Business

What you need to know....

Please read and initial each statement below **to show you understand our responsibilities as an SBDC and your rights as our client.**

_____ We will send you two surveys via email: an Initial Survey after your first meeting and an Annual Survey, so you can evaluate your satisfaction with our advisory services. If we spend a significant amount of time working with you, we will send you a confidential **Impact Survey** about **two years** after we start working with you. The survey will determine if we helped you start your business, increase sales, create new jobs, and/or obtain financing. If we continue to work with you, we will send you the survey each year.

_____ We **do not charge** for advisory services, and we **will not solicit or accept payment of any kind** including goods or services, gifts, loans, rewards, equity in a business, compensation or other monetary remuneration, promise of future employment, or favor or service **in return for the advisory services** we provide.

_____ We **cannot invest** in the business of any client.

_____ We **will not** recommend the purchase of goods or services from sources in which we have a direct or indirect interest.

_____ We **do not make loans nor influence loan decisions**, although we can assist you with determining your financial requirements and preparing and submitting a loan application.

_____ We keep what you tell us **confidential** to the extent allowable under Federal and Texas State law.

_____ We **will ask for permission** in writing prior to sharing any of your information or experiences as an SBDC "success story."

_____ We **will not** use anything you tell us to benefit the SBDC or any of our staff, nor will we use what you tell us to the detriment of any of our clients.

_____ We provide advisory services to clients in all fields and industries, and your advisor may work with other clients whose businesses are similar to yours and even in direct competition with yours. Your advisor may also have outside employment or interests in a business similar to yours or in competition with yours. Please ask your advisor for a copy of their resume.

_____ While employed by the SBDC and for six months subsequent to the term of employment, your advisor should not accept private business advising engagements from any persons seeking advising services from the UH SBDC Network.

_____ We **will maintain** the highest standards of professional conduct and make every effort to provide prompt, courteous and quality services within the time frame requested; however, we do not make any warranties or guarantees regarding these services.

Please sign and date to indicate you have read and understand the above disclosures.

Signature: _____

Date: _____

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
<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"/> 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"/> Niger <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"/> South Sudan <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"/> Mexico <input type="checkbox"/> Nicaragua <input type="checkbox"/> Panama	<input type="checkbox"/> Bermuda <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"/> 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"/> _____