

Appointment Intake Guide

| English |
|-----------|
| ☐ Spanish |
| □ Other |

Contact Information

| 1 | . Date of Contact: | | | | |
|---|--|--|--|--|--------------------------------------|
| 2 | . Name of Individual(s): | | | | |
| 3 | . Contact Phone: Email: | | | | |
| 4 | . Are you in business now or are you looking to start a business? In Business Not in Business | | | | |
| | Existing Business Only: a. Business Name (if applicable): b. Name of Owner(s) (if different): c. Business Phone: | | | | |
| d. Date Business was Established: | | | | | |
| | e. Legal Entity, if known: ☐ Sole Prop ☐ Partnership ☐ Corp ☐ LLC | | | | |
| 5. | Name(s) of other individuals/contacts who should be included in SBDC meetings? (Partners, etc.) | | | | |
| 6. | Where is your business located now or likely to be located? (e.g. Address/City/County) | | | | |
| 7. | Who referred you to the SBDC? NameOrganization | | | | |
| 8. | Business Description/Idea | | | | |
| 9. | When are you planning to start/expand your business? $ \Box \ 0-3 \ months \ \Box \ 4-6 \ months \ \Box \ 6-12 \ months \ \Box \ ln \ over \ a \ year \ \Box \ Not \ sure$ | | | | |
| 10. | 10. Assistance Requested/Needed: | | | | |
| \square Starting business \square Expanding business \square Buying business \square Selling business | | | | | |
| □ Business plan development □ Existing business plan review (if so, bring to meeting) □ Business loan assistance: Amount needed \$ | | | | | |
| | | | | | ☐ Other: ☐ Business training (type): |
| | | | | | |
| otes | S: | | | | |
| | | | | | |
| | | | | | |
| Ad | dvisor Assigned: | | | | |
| Αŗ | ppointment Date: Time: AM / PM | | | | |
| Lo | ocation: SBDC Office Client Site Other: | | | | |
| Re | eferred to Workshop (title): Date: Time: AM / PM | | | | |



| Inform contact | of the fo | llowing: |
|----------------|-----------|----------|
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| Please allow up to 2 hours for your initial meeting as we will need to gather information to determine how best assist you. | | | |
|--|--|--|--|
| ☐ Bring any information related to your business or idea. For example: research, business plan, menu, etc. | | | |
| $\ \square$ It is very important to be on time for you appointment. | | | |
| $\hfill \square$ If for some reason you cannot make your appointment, 24-hour advance notice is appreciated. | | | |
| $\ \square$ Do you know where the SBDC office is located? (If not, provide location information.) | | | |
| ☐ You will receive an email with your appointment date and time, as well as a link to our online registration website (e-center). Please register for SBDC services prior to your appointment. | | | |
| NOTE: If contact does not have email: | | | |
| ☐ Please arrive 10 minutes prior to your appointment to allow time to register. | | | |
| SBDC Actions: | | | |
| ☐ Send appointment reminder email to client | | | |
| ☐ Send delayed appointment reminder | | | |
| ☐ Add appointment to Advisor's calendar | | | |
| Form Distribution: | | | |
| ☐ Save form in "Pre-client documents" electronic folder | | | |
| ☐ Copy to Director | | | |
| ☐ Original to Advisor | | | |
| ☐ Upload form to Neoserra | | | |