



The information on this form is confidential and will be used only to report to the funding organizations, provide client services, inform you about and improve the SBDC services. The estimated time to fill out the form is three minutes.

<b>DATE</b> 9/15/2020		<b>NAME OF TRAINING</b> Coping & Stress Management			
<b>COMPANY NAME</b> (leave blank if not in business)			<b>ARE YOU THE BUSINESS OWNER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>FIRST NAME</b>		<b>M.I.</b>	<b>LAST NAME</b>		
<b>EMAIL</b>					
<b>PHONE</b> COMPANY OR HOME			<b>CELL</b>		
<b>ADDRESS</b> (if in business, provide company address) STREET					
<b>CITY</b>		<b>ST</b>	<b>ZIP</b>	<b>COUNTY</b>	
<b>GENDER</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Choose not to respond		<b>RACE</b> <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American		<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Choose not to respond	
<b>HISPANIC ORIGIN</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond					
<b>VETERAN STATUS</b> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Choose not to respond		<b>MILITARY STATUS</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Military Spouse <input type="checkbox"/> National Guard <input type="checkbox"/> National Guard – Active Duty			<input type="checkbox"/> None <input type="checkbox"/> Reservist <input type="checkbox"/> Reservist – Active Duty <input type="checkbox"/> Choose not to respond
<b>DISABLED</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Choose not to respond					

*If in business, turn over and complete Company Information.*

# Company Information

(if currently in business)

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**BUSINESS TYPE** (Manufacturing, Construction, Technology, Retail, etc.)

**DATE COMPANY ESTABLISHED**

/ /

**OWNERSHIP GENDER**

% Male

% Female

**NUMBER OF FULL-TIME EMPLOYEES**

**NUMBER OF PART-TIME EMPLOYEES**

**GROSS REVENUE/SALES FOR MOST RECENT BUSINESS YEAR**

\$

**COMPANY LEGAL STATUS**

(LLC, Sole Proprietor, S-Corp, etc.)

**PRODUCTS OR SERVICES**

I request training and/or business counseling service from the Ohio Small Business Development Centers (SBDC), funded in part through a Cooperative Agreement with the U.S. Small Business Administration (SBA). I agree to cooperate should I be selected to participate in surveys designed to evaluate these services, impact, and/or make improvements on 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 0 No 0). 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 3 minutes. 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.

**SIGNATURE**

Not Required

**DATE**

Not Required