

GET A FREE NYSERDA ENERGY EFFICIENCY STUDY*

- Comprehensive evaluation valued at \$1500 to identify cost-effective measures to reduce your energy use and cost—no obligation!
- The SBDC will fill out the Consolidated Funding Application for you and help you obtain financial incentives to implement the recommended energy-efficiency measures
- Businesses and non-profits; own or lease
- Fill out two forms and we'll do the rest!

Fred Bristol
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U.S. Small Business Administration



Your Small Business Resource

* under 100 kw average demand— approximately \$75,000/year in electricity cost

Funded in part through a cooperative agreement with the U.S. Small Business Administration. All opinions, conclusions or recommendations expressed are those of the author(s) and do not necessarily reflect the views of the SBA.



U.S. Small Business Administration Counseling Information Form

OMB Approval No.: 3245-0324
Expiration Date: 09/30/2014

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) (Last, First, MI)		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
<p>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 <input type="checkbox"/> No <input type="checkbox"/>). 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.</p>			
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) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		15. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		16. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		17. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran			18a. Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty						
19. Referred by? (Mark all that apply)									
<input type="checkbox"/> SBA District		<input type="checkbox"/> SBDC		<input type="checkbox"/> Other Client		<input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Other (specify) _____			
<input type="checkbox"/> Lender		<input type="checkbox"/> USFAC		<input type="checkbox"/> Educational Institution		<input type="checkbox"/> Word of Mouth			
<input type="checkbox"/> Business Owner		<input type="checkbox"/> SCORE		<input type="checkbox"/> Local Economic Development Official		<input type="checkbox"/> Television/Radio			
<input type="checkbox"/> SBA Web site		<input type="checkbox"/> WBC		<input type="checkbox"/> Chamber of Commerce		<input type="checkbox"/> Internet (please indicate website) _____			
20a. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30) 20b. If yes, are you currently exporting? <input type="checkbox"/> Yes <input type="checkbox"/> 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)									
<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)									
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		26a. Are you a home based business <input type="checkbox"/> Yes <input type="checkbox"/> No 26b. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
27a. Total No. of Employees (full & PT)		28a. For your most recent full business year, what were your: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____			29. What is the legal entity of your business?				
27b. Of total employees, how many are engaged in the exporting aspect of your business: (Full & PT) _____		28b. Amount of your Gross Revenues/Sales related to exporting \$ _____			<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____				
30. What is the nature of counseling you are seeking? (Choose primary category)									
<input type="checkbox"/> Start-up Assistance (How do I start a small business?)		<input type="checkbox"/> Human Resources/Managing Employees		<input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.)		<input type="checkbox"/> Technology/Computers		<input type="checkbox"/> eCommerce (using the Internet to do business)	
<input type="checkbox"/> Business Plan		<input type="checkbox"/> Customer Relations		<input type="checkbox"/> Government Contracting (including certifications)		<input type="checkbox"/> Legal Issues (such as, Should I incorporate?)		<input type="checkbox"/> International Trade	
<input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital)		<input type="checkbox"/> Business Accounting/Budget		<input type="checkbox"/> Franchising					
<input type="checkbox"/> Managing a Business		<input type="checkbox"/> Cash Flow Management		<input type="checkbox"/> Buy/Sell Business					
		<input type="checkbox"/> Tax Planning							
Describe specific assistance requested in the space provided. _____									

INFORMATION REQUIRED FOR ENERGY EFFICIENCY REVIEW APPLICATION

Type of applicant:

Federal	Individual
State	Business Corporation
County	IDA
City	LDC
Town	LLC
Village	LLP
Tribal	Public Authority
School District	Public Benefit Corp
County or Town Improvement District	Sole-Proprietorship, HDPC
District Corporation	BID
For-Profit	LP
Not-For-Profit	

Facility/Building use:

Agricultural	K-12 School
College/University	Local Government
Commercial Real Estate	Not-for-Profit
Data Center	Office
Healthcare	Retail
Hospitality	State Government
Industrial/Manufacturing	Water/Wastewater

Do you pay the System Benefits Charge (SBC) on your utility bill? (If you have a major utility company, you do).

Is your average electric demand <100kw? (If your annual electricity costs are under \$75,000 you are likely <100kw).

Do you rent or own your building(s)?

County:

Names of gas and electric utility companies:

Other locations; additional comments: