

BDO Service Session
Required elements are underlined.

SESSION DETAIL

Client Name: _____

Small Business Name or DBA: _____

Session Date: _____ **Duration (minutes):** _____

Contact with: Client Service Providers Employer Other

of people who attended the session: _____

Contact Location Method: In-Person By Phone By Email By Text Message

By Video Conference Social Media By Fax By Mail Other

ACTIVITY

Topics Discussed *(select as many as applicable):*

Access to capital:

Crowdfunding

Grants

Loans

Kiva

Venture Capital

Forgiveness

Other: _____

Financial Coaching:

Accounting

Business owner personal finances

Credit Counseling

Financial Literacy

Taxes/tax planning

Other: _____

Government Resources:

Accessing government incentives

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- M/WBE certification
- Navigating government
- Support accessing public assistance (City, State, Federal)
- Other: _____

General Business Planning and Support:

- Accessing new customers, revenue streams
- Business model adjustments
- Business expansion/growth/scaling
- Community-building/connecting with & supporting other local businesses
- Contracting and procurement opportunities
- COVID-19 relief and recovery
- Creating a business plan
- Digital access/literacy
- Disaster preparedness/recovery
- Diversity, equity, inclusion practices for small businesses
- E-commerce/web-based or remote sales
- Licensing
- Startup/new venture assistance (early stage, ideation)
- Workforce/employee management
- Other: _____

Marketing & Branding:

- Business Branding
- Local branding campaigns
- Marketing support
- Social media and communications
- Storytelling
- Website development
- Other: _____

Mentorship & Coaching:

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- Cohort and/or peer learning programs
- Entrepreneurial development
- Business accelerator programs
- Business owner one-on-one coaching/TA
- Other: _____

Referrals to other Providers/Services:

- Accounting
- Insurance
- Legal services
- Marketing/branding
- Referrals to other technical assistance service providers (e.g. SBDCs, MEPs)
- Other: _____

Industry-specific support:

- Exporting
- Industry-specific certifications
- Other: _____

Service Session Notes: _____

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OTHER BUSINESS UPDATES

Annual Revenue (*Gross Sales*): _____

of Full-Time Employees (*More than 35 hrs per week – includes business owner*): _____

of Part-Time Employees (*Less than 34 hrs per week – includes business owner*): _____

THIRD-PARTY / REFERRAL SERVICES

Has this business requested additional services not offered in house?

Yes and a referral was made Not at his time

If yes complete the following:

Referral Reason(s): Legal Accounting/Tax Marketing Certification

Loans (access to capital) Contracting assistance Other _____

Referral Date: _____

Status: Referral pending Client waitlisted Referral accepted Referral declined by organization
 Client decided not to pursue

Provider Name: _____

Provider Type:

- SBDC
- City Agency / Department
- Bank
- Incubator/Accelerator/Business Development Programs
- Other local BSOs (e.g. SCORE, SBDC, municipal business agency or EDC)
- For-Profit Consultant
- Pro Bono Consultant
- Other _____

**BDO Referral, Grant, Loan, and Goals
(if applicable)**

GRANT DETAIL

Has this business applied or been approved for a new grant? Yes No

If yes complete the following:

Grant Name: _____

Applied Date: _____

Approved Date: _____

Requested Amount: _____

Approved Amount: _____

Grant Status: Approved Applied Not Approved

If not approved, reasons why? _____

Grant Term (in months): _____

Grant Entity: _____

Entity Type: County City Region State Federal Private Foundation Non-Profit

Other _____

If Federal entity type, choose Federal loan program:

SVOG (Shuttered Venue Operations Grant)

RRF (Restaurant Revitalization Fund)

Other Federal

Purpose/Use of Grant Funds (check all that apply):

Wages and benefits

Equipment purchasing

Store-front improvements/Capital Improvements

Inventory for on-going operations

Payables (rent, supplies, etc.)

Past due bills

Rent/mortgage interest

Disaster Relief

Other operational costs - Please specify _____

BDO Referral, Grant, Loan, and Goals
(if applicable)

LOAN DETAIL

Has this business applied or been approved for a new loan? Yes No

If yes complete the following:

Loan Status: Applied Approved Payments Current Payments Not Current
 Delinquent Account/Loan Settled – Paid in Full Account/Loan Settled – Negotiated Settlement
 Approved but Not Accepted Denied by Lender

Loan Type: PPP (Paycheck Protection Program) EIDL (Economic Injury Disaster Loan)
 SBA 7(a) SBA 504 SBA Micro Loan < \$50,000 Exporting CDBG Loan
 Private/Conventional

Applied Date: _____

Maturity Date: _____

Term (in months): _____

Provider/Lender: _____

Requested Amount: _____

Interest Rate: _____

Approved Amount: _____

Purpose/Use of Proceeds (check all that apply):

- Wages and benefits
- Equipment purchasing
- Store-front improvements/Capital Improvements
- Inventory for on-going operations
- Payables (rent, supplies, etc.)
- Past due bills
- Rent/mortgage interest
- Disaster Relief

- Other operational costs - Please specify _____

BDO Referral, Grant, Loan, and Goals
(if applicable)

GOAL DETAIL

Goal Name: _____

Goal Status: Set In progress Met Not Met Dismissed

Start Date: _____

Target Date: _____

Achieved Date: _____

Goal Area (Choose one goal area per goal):

Access to Resources/Capital:

Financing/Capital

Government Contracting

International Trade

Other: _____

Business Operations:

Cash Flow Management

Technology/Computers/Internet

Tax Planning

Legal Issues

Human Resources

Business Accounting/Budget

Other: _____

Business Planning:

Start-up Assistance

Business Plan

Franchising

Buy/Sell a Business

Other: _____

BDO Referral, Grant, Loan, and Goals
(if applicable)

Marketing/Customer Acquisition:

eCommerce

Marketing/Sales

Customer Relations

Other: _____

Programs:

Other: _____

Training and Education:

Managing a Business

Other: _____

Goal Narrative: _____
