JC Hanna Group, LLC
Strategic Business Consulting Client Intake Form

Business Name: _____

Business Owner/Primary Contact: _____

Title: _____

Business Address: City: _____ State: _____ Zip: _____

Phone: _____Email: _____Website: _____

Preferred Method of Communication: ☐ Phone ☐ Email ☐ Text

Business Information

Type of Business: ☐ Sole Proprietorship ☐ Partnership ☐ LLC ☐ Corporation

☐ Nonprofit ☐ Other _____

Current Business Challenges

What prompted you to seek business consulting services?

_____

_____

Please select all areas where assistance is needed.

☐ Strategic Planning ☐ Business Start-Up ☐ DBE Certification ☐ MWBE Certification
☐ Business Formation ☐ Other

Business Goals

What are your top three business goals?

_____

_____

Where do you see your business in the next 12 months?

_____

_____

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TRANSPORTATION AND LOGISTICS

Current Operations

Do you currently have:

Business Plan ☐ Yes ☐ No Employee Handbook☐ Yes ☐ No

Policies & Procedures ☐ Yes ☐ No Organizational Chart☐ Yes ☐ No

Financial Statements ☐ Yes ☐ No Business Insurance☐ Yes ☐ No

Accounting System ☐ Yes ☐ No Payroll System ☐ Yes ☐ No HR System☐ Yes ☐ No

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Consulting Priorities

Please rank the following in order of importance.

_____ Employee Development _____ Compliance _____ Leadership Coaching

_____ Operational Excellence_____ Process Automation

Project Details

Describe the project or consulting services you are seeking.

Expected Project Start Date: _____

Desired Completion Date:_____

Estimated Budget: ☐ Under $2,500 ☐ $2,500–$5,000 ☐ $5,000–$10,000

☐ $10,000+ ☐ To Be Determined

Decision Making

Who will be involved in making decisions regarding this project?_____

Has funding already been approved? ☐ Yes☐ No

Expected timeline for making a decision?_____

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How Did You Hear About Us

☐ Referral ☐ Website ☐ LinkedIn ☐ Facebook ☐ Networking Event

☐ Google Search ☐ Existing Client ☐ Other

Additional Comments

Client Acknowledgement

I certify that the information provided is accurate to the best of my knowledge. I understand that completion of this form does not constitute a consulting agreement. Services will begin only after both parties execute a formal service agreement.

Client Name:_____Signature:_____

Date:_____

Office Use Only

Date Received: _____Consultant Assigned: _____

Consultation Date:_____ Service Package: _____

Proposal Sent:☐ Yes☐ No Contract Executed: ☐ Yes☐ No

Deposit Received:☐ Yes ☐ No

Project Start Date:_____

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