



## Jacksonville ATHENAPowerLink® Program APPLICATION



**NOTE: Applications are open October 15 – November 30, 2011 – no extensions will be granted**

**Woman Business Owner(s)** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **Fax ( )** \_\_\_\_\_ **Cell/Pager ( )** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Web Address** \_\_\_\_\_



**Business Questionnaire: (You may attach a separate sheet for answers.)**

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1. Do you have a written business plan? Yes\_\_\_\_\_ No\_\_\_\_\_   
(If yes, please send business plan with application, if possible.)

2. Briefly describe your goals for the business.

Over the next one year:

Over the next five years:

3. Do you have financial projections for the next one to two years?   
Yes\_\_\_\_\_ No\_\_\_\_\_   
(If yes, please send financial projections with application, if possible.)

4. Does your business currently have a board of directors?   
Yes\_\_\_\_\_ No\_\_\_\_\_   
(If yes, how many directors, and describe their areas of expertise.)

5. Do you expect any significant change in business ownership or operation during the next 18 months?   
Yes\_\_\_\_\_ No\_\_\_\_\_   
(If yes, please describe.)

6. Briefly describe your business products. Include any business literature with application.

7. Who are your three largest customers? Approximately what percentage of last year's sales do they represent? Approximately what is your average size sale overall?

8. Briefly describe your business major strengths and major weaknesses.

9. Briefly describe your major competition and its/their strengths and weaknesses.

10. What are your primary tasks as president/owner? Which do you enjoy more:  
(a) Running the business or (b) being in the industry?

11. What frustrates you most about running your business?

12. What is your highest business priority and how do you see an Advisory Panel being able to help you reach that priority?

13. Have you participated in any Small Business Administration Programs such as a Women's Business Center, SCORE, or SBDC? If so, please state when and describe how your business benefited.

14. What successful adviser/advisee relationships have you had while running this business? What good advice have they given you? How has this affected your business? Has it resulted in any lasting or permanent change?

## Balance Sheet

COMPANY NAME: \_\_\_\_\_

Balance Sheet # of Months	3 Years Ago	2 Years Ago	1 Year Ago	Year to Date
<b>Cash &amp; Equivalents</b>				
<b>Accounts Receivable</b>				
<b>Inventory</b>				
<b>Prepaid Expenses</b>				
<b>Deposits</b>				
<b>Total Current Assets</b>				
<b>Real Estate</b>				
<b>Machinery &amp; Equipment</b>				
<b>Vehicles &amp; Rolling Stock</b>				
<b>Leasehold Improvements</b>				
<b>Other:</b>				
<b>Less Depreciation</b>				
<b>Net Fixed Assets</b>				
<b>Intangibles</b>				
<b>Loans to Stockholders</b>				
<b>Notes Receivable</b>				
<b>Other:</b>				
<b>Total Other Assets</b>				
<b>Total Assets</b>				
<b>Loans – Short Term</b>				
<b>Current Portion – LTD</b>				
<b>Accounts Payable/Trade</b>				
<b>Income Taxes Payable</b>				
<b>Accrued Expenses</b>				
<b>Total Current Liabilities</b>				
<b>Long Term Debt</b>				
<b>Real Estate Mortgages</b>				
<b>Accrued Expenses</b>				
<b>Total Long Term Debt</b>				
<b>Total Liabilities</b>				
<b>Stock</b>				
<b>Additional Capital</b>				
<b>Retained Earnings</b>				
<b>Other:</b>				
<b>Total Net Worth</b>				
<b>Total Liabilities &amp; Net Worth</b>				

## Income Statement

COMPANY NAME: \_\_\_\_\_

Income Statement # of Months	History Year 3	History Year 2	History Year 1	Year to Date
<b>Total Sales</b>				
<b>Cost of Goods Sold</b>				
<b>Gross Profit</b>				
<b>Officer's Salaries</b>				
<b>Salaries</b>				
<b>Payroll Taxes</b>				
<b>Total Compensation</b>				
<b>Repairs and Maintenance</b>				
<b>Bad Debts</b>				
<b>Rent</b>				
<b>Taxes &amp; Licenses</b>				
<b>Depreciation &amp; Amortization</b>				
<b>Advertising &amp; Sales Expense</b>				
<b>Employee Benefits</b>				
<b>Office expense</b>				
<b>Auto/Delivery</b>				
<b>Telephone</b>				
<b>Utilities</b>				
<b>Insurance</b>				
<b>Bank &amp; Credit Card Fees</b>				
<b>Miscellaneous</b>				
<b>Total Operating Expense</b>				
<b>Operating Profit/Loss</b>				
<b>Other Income</b>				
<b>Interest Expense</b>				
<b>Other Expense</b>				
<b>Net Other Income (Expense)</b>				
<b>Earnings (Losses) Before Taxes</b>				
<b>Income Taxes</b>				
<b>Profit (Loss) After Tax</b>				
<b>Withdrawals/Dividends</b>				

If you are selected to participate in Jacksonville's ATHENA**PowerLink**® program, and find the experience valuable, are you willing to make a tax-deductible gift of \$1,200 or greater to the Jacksonville Women's Business Center at the completion of your one-year program?

Yes \_\_\_\_\_ No \_\_\_\_\_

The information contained in this application is provided for the purpose of obtaining an unpaid Advisory Panel through the Jacksonville ATHENA**PowerLink**® program. I understand that you are relying on the information provided herein in deciding to grant an Advisory Panel, and therefore, I represent that the information provided is true and complete. You are authorized to make whatever inquiries you deem necessary, and you have permission to obtain a credit report on me or on my company from any credit-reporting agency.

Signature \_\_\_\_\_

—

Social Security # \_\_\_\_\_

Date \_\_\_\_\_

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**Checklist for Submission:**

- A **\$100 non-refundable** application fee; make check payable to **Chamber Foundation/JWBC**
- Please return 12 copies of :
  - your completed application, which includes the financial analysis forms
  - additional supporting materials

**Pat Blanchard, Director**

Jacksonville Women's Business Center  
3 Independent Drive  
Jacksonville, FL 32202  
(904) 366.6640  
www.JaxWBC.com



The Jacksonville Women's Business Center is a program of the Jacksonville Chamber Foundation, a 501(c)(3) organization. JWBC is partially funded through a cooperative agreement with the U.S. Small Business Administration. SBA's cooperation does not constitute or imply its endorsement of any opinions, products or services. Reasonable arrangements for persons with disabilities will be made if requested at least two weeks in advance. All SBA programs are extended to the public on a nondiscriminatory basis.