

Application for Business Advisory Council

Sponsored in part by:



Woman Business
Owner _____

Business
Name _____

Business
Address _____

City, State, Zip _____

Phone () _____ Fax () _____ Cell/Pager () _____

E-mail Address _____

Web Site Address _____

Qualification Questions:

Month/Year business began _____

% of business owned one or more women _____

Does Applicant actively manage the business? ____ Yes ____ No

Number of employees (include applicant if applicable): Full Time _____ Part Time _____

Date fiscal year ends _____

Sales or revenue range history, check applicable amounts (use annual fiscal year numbers; do not include cents)

	Less Than	\$100,000 to	Over
	<u>\$100,000</u>	<u>\$999,999</u>	<u>\$1,000,000</u>
Projected for this fiscal year	_____	_____	_____
Last fiscal year	_____	_____	_____
Previous fiscal year	_____	_____	_____

Please describe any management needs you feel should be addressed immediately within your business. What keeps you awake at night?

Business Questionnaire

1. Does your business currently have a board of directors? ____ Yes ____ No

If yes, how many, and describe their areas of expertise.

2. Do you expect any significant change in business ownership or operation during the next 18 months? If so, please describe.

3. Do you have a business plan? Yes ____ No ____ (if possible, please send business plan with application).

4. Briefly describe your goals for the business.

Over the next one year:

Over the next three years:

5. Briefly describe your business' products or services. Include any business literature with application.

6. Briefly describe your business' major strengths and major challenges. Also outline your current challenges or business issues you would like to address.

7. 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?

8. Can you describe your vision for your business? (If you were to read an article about your business three years from now what would you like to see written about your business?)

9. What words would you use to describe your business values; how would your customers, employees and vendors describe your business values?

The information contained in this application is provided for the purpose of informing the BAC facilitators as part of the JWBC peer-to-peer mentoring programs. I represent that the information provided is true and complete. I understand there are **ANNUAL** fees as noted below (\$100 discount based upon WBO membership OR Chamber membership, which will be verified) associated with this mentoring program:

Emerging Group \$250

Growth or Beaches Growth Group \$400

Accomplished Group \$550

Are you a member of Women Business Owners of North Florida? ____Yes ____No

Are you a member of the Jacksonville Regional Chamber of Commerce? ____Yes ____No

Signature_____

Date_____

Please return your completed application, attachments and your enrollment fee to:

Make checks payable to the Jacksonville Chamber Foundation (note JWBC)

Pat Blanchard, Director
Jacksonville Women's Business Center
3 Independent Drive
Jacksonville, FL 32202
Phone (904)366-6640 ♦ Fax (904)366-6604



The Jacksonville Women's Business Center is a program of the Jacksonville Regional Chamber of Commerce Foundation, a 501(c)(3) organization. Jacksonville Women's Business Center is partially funded by the U.S. Small Business Administration's Office of Women's Business Ownership (OWBO). SBA's cooperation does not constitute or imply its endorsement of any opinions, products or services. Reasonable arrangements for person 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.

