



Services
 Mentoring

**Application for
 Financial Matters Mentoring Program**

NOTE: Final acceptance date for 2012 Program Applications is April 30, 2012

Woman Business Owner(s) _____

Business Name _____

Business Address _____

City, State, Zip _____

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

E-mail Address _____

Web Site Address _____

ARE YOU A MEMBER OF THE JACKSONVILLE REGIONAL CHAMBER OF COMMERCE? YES NO
ARE YOU CERTIFIED WITH THE CITY OF JACKSONVILLE JSEB/MBE PROGRAM? YES NO

The 2010 Financial Matters sponsors included:



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.



Qualification Criteria:

To be eligible to participate in **Financial Matters** applicants must meet the following criteria:

- Own 50% of the company, or greater, and actively manage it
- Minimum of six months in business
- Minimum annual revenues of \$25,000; maximum \$10 million
- An accounting system capable of producing financial statements such as a cash flow, income statement, and balance sheet

Qualification Questions:

Month/Year business began: _____

Business Ownership percentage by one or more women: _____

Does/do applicant(s) actively manage the business? ____ Yes ____ No

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

Date fiscal year ends: _____

Sales or Revenue History (*use annual fiscal year numbers; do not include cents*)

Last fiscal year	\$ _____
Previous fiscal year	\$ _____
Next previous fiscal year	\$ _____
Projected for this fiscal year	\$ _____
Budget for next fiscal year	\$ _____

Please describe any **financial management needs** you feel should be addressed immediately within your business.

Business Questionnaire

1. Does your business currently have an advisory board or 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 12 months:
- Over the next five years:
5. Do you have financial projections for the next one to two years? Yes _____ No _____
(if possible, please send plans with application)
6. Briefly describe your business' products or services. Include any business literature with application.
7. Briefly describe your business' major strengths and weaknesses.
8. Do you currently have an accounting system? Do you have a bookkeeper? Who is your current accountant or bookkeeper? Name: _____
Please describe your accounting methods and how you interact with this/these individual(s).
9. Where do you currently conduct your banking business?

10. Have you participated in a Small Business Administration (SBA) program such as SCORE, an SBDC, or other Jacksonville Women’s Business Center programs? If so, please state when and describe how your business benefited.

11. What successful adviser/advisee or mentor 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?

12. If you are selected to participate in the Financial Matters program, and find the experience valuable, are you willing to make a tax-deductible gift to the Jacksonville Women’s Business Center scholarship fund at the completion of your six month program?

Yes _____ No _____

The information contained in this application is provided for the purpose of obtaining a two-person mentoring team as part of the **JWBC Financial Matters Mentoring Program**.

I understand that you are relying on the information provided herein in deciding to grant a mentor team, and therefore, I represent that the information provided is true and complete. If selected to be a participant, I understand there is an **application fee of \$100** associated with this mentoring program that will be applied toward my **total enrollment cost of \$350 for Chamber members or \$375 for non-Chamber members. The balance is due and payable at the program orientation.** (partial scholarships and payment plans are available).

I agree to complete future questionnaires from the JWBC related to growth of my business, complete the required monthly reporting documents and participate in certain mandatory program events during the period of the program.

Signature _____ Today’s Date _____

***Checks should be made payable to the Jacksonville Chamber Foundation (JWBC)
Please return completed application, attachments and your \$100 enrollment fee to:***

**Pat Blanchard, Director
Jacksonville Women’s Business Center
3 Independent Drive
Jacksonville, FL 32202
904.366.6640 ♦ Fax: 904.366.6604
pat.blanchard@myjaxchamber.com**



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