



Advisory Board Council

Small Business Development Center at UCF
Office (407) 420-4850 Fax (407) 420-4862
315 East Robinson Street, Suite 100
Orlando, FL 32801
<http://advisoryboardcouncil.com/>

Client Application

EMAIL TO: manager@advisoryboardcouncil.com

OR

PRINT AND FAX TO (407) 420-4862 Attn: Program Manager

Briefly answer the questions below. If you cannot answer a question, or it is not applicable to your organization, check the corresponding UNSURE box. Marking Unsure will not exclude you from consideration.

CONTACT & GENERAL BUSINESS INFORMATION

Full Name: _____ Position: _____ Email: _____ Phone: _____ Fax: _____ Cell Phone: _____ How did you learn about the program? _____ Business Status: <input type="checkbox"/> Currently In Business <input type="checkbox"/> Home-based Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Construction <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Other Race: <input type="checkbox"/> White <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Other Hispanic? <input type="checkbox"/> YES <input type="checkbox"/> NO Current # of Employees: Full _____ Part _____ 1099 _____ Business Owner: Disabled or Handicapped? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you any of the following? (Check all that apply) <input type="checkbox"/> SBA Borrower <input type="checkbox"/> 8(a) Certified <input type="checkbox"/> Aid to Families w/Dependent Children (AFDC) last 2 yrs. <input type="checkbox"/> SBA Applicant <input type="checkbox"/> MBE Certified <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) in last 2 yrs. <input type="checkbox"/> Surety Bonded <input type="checkbox"/> Exporter <input type="checkbox"/> HubZone <input type="checkbox"/> COC Holder <input type="checkbox"/> Not Small Business <input type="checkbox"/> Unsure	Company Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____ Home Phone: _____ Website: _____ Business Start Date: _____ (mm/dd/yy) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Business Organization: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Undecided Business Description: _____ Veteran Status: <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Gulf War Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Service-Connected Disability
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Request for Counseling Client Release

I request business management counseling services from the Small Business Administration resource partner, the Small Business Development Center. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA or SBDC services. I understand that any information received by an SBDC resource counselor will be held in strict confidence by the counselor to the extent allowable by law. I understand that I may receive mailings from the SBDC or the SBA.

(1) not to recommend goods or services in which he or she has an interest, nor (2) accept fees or commissions developing from any SBA resource partner counseling relationship. In consideration of the provision of management or technical assistance by a resource partner counselor, I agree to waive all claims arising out of the assistance, against SBA personnel, the resource partner (Florida SBDC from whom I sought assistance, its host organizations, and other resource counselors and advisors and/or programs arising from this assistance.

I further understand that the SBA resource counselors have agreed:

Signature of Requestor

Title of Requestor

Date

If you are not satisfied with our service, please contact the Small Business Development Center Director.

FINANCIAL PERSPECTIVE

QUESTION	RESPONSE	UNSURE
Do you have professional prepared financials for the last two years?	__ YES __ NO	<input type="checkbox"/>
Have you set financial goals this year?	__ YES __ NO If so, What is your annual sales goal? \$ _____	<input type="checkbox"/>
Total Revenues:	2009 \$ _____ 2010 \$ _____ 2011 Projection _____	<input type="checkbox"/>
Net Sales:	2010 \$ _____	<input type="checkbox"/>
Total Assets:	2010 \$ _____	<input type="checkbox"/>
Total Net Worth:	2010 \$ _____	<input type="checkbox"/>
Annual Profit or Loss:	2010 \$ _____ (Check one) __ Profit __ Loss	<input type="checkbox"/>
Annual Average Percentage Change in Sales?	2010 _____ % (Check one) __ Positive __ Negative	<input type="checkbox"/>
Do you currently have a positive cash flow?	__ YES __ NO	<input type="checkbox"/>
Would you be willing to share your financials with the Advisory Board Council and your advisory board?	__ YES __ NO	<input type="checkbox"/>
How did you hear about the Advisory Board Council?		<input type="checkbox"/>

Is there anything the ABC program should know about you or your business; i.e., do you have any litigation pending? Are there significant personal or business financial difficulties of which we need to be aware?

Additional Comments:

CUSTOMER & SALES PERSPECTIVE

QUESTION	RESPONSE	UNSURE
Who are your major competitors?		<input type="checkbox"/>
What are your main products and services?		<input type="checkbox"/>

Do you have any proprietary products, exclusive licensing or patents?

___ YES ___ NO If yes, explain:

Who are your biggest customers?

Does one customer account represent over 50% of your total sales?

___ YES ___ NO If yes, explain:

What is the likelihood of new competition?

___ NONE ___ LOW ___ MEDIUM ___ LIKELY ___ VERY LIKELY ___ CERTAIN

How do you currently market your products and services?
(Check all that apply)

- ___ Internal Sales ___ Catalog ___ Direct Mail
- ___ Outside Sales ___ Door-to-Door ___ Internet (website)
- ___ Government ___ Subcontracted ___ Networking
- ___ Brochure ___ Referrals ___ CD-ROM/Interactive Media
- ___ Other: _____

Who do you sell to?

What are your biggest challenges you face in locating and winning new customers?

Who currently does your sales?
(Check all that apply)

- ___ Internal Sales ___ Consultant
- ___ Outside Sales ___ Subcontractors
- ___ Owner/CEO ___ Word-of-mouth
- ___ Website ___ Unsure
- ___ Other: _____

Additional Comments:

INTERNAL PERSPECTIVE

QUESTION	RESPONSE	UNSURE
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What is your company's mission statement?

What is your long-term vision (Exit Strategy) for your business?

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Describe your business culture and working environment:

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What are your company's greatest strengths? Why would a customer choose you over your competition?

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What are the 2-3 biggest opportunities that your company can capitalize on over the next year??

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If you had unlimited cash resources at this time, on what would you spend it?

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Additional Comments:

WHAT ARE YOUR BIGGEST CHALLENGES?

TOPIC	ISSUES	UNSURE
Accounting		<input type="checkbox"/>
Business Planning		<input type="checkbox"/>

Cash Flow		<input type="checkbox"/>
Debt Management		<input type="checkbox"/>
Financing/Loans		<input type="checkbox"/>
Growth Management		<input type="checkbox"/>
Human Resources		<input type="checkbox"/>
Insurance (Liability or Benefits)		<input type="checkbox"/>
Legal Issues		<input type="checkbox"/>
Merger/Acquisition		<input type="checkbox"/>
Marketing		<input type="checkbox"/>
Operations		<input type="checkbox"/>
Pricing		<input type="checkbox"/>
Sales		<input type="checkbox"/>
Strategic Planning		<input type="checkbox"/>
Taxes		<input type="checkbox"/>
Turnover		<input type="checkbox"/>
Other: (explain)		<input type="checkbox"/>

Additional Comments:
