



Advisory Board Council

Florida SBDC at UCF
Office (407) 420-4850 Fax (407) 420-4862
3201 E. Colonial Dr., Suite A-20
Orlando, FL 32803
www.sbdcorlando.com/abc

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: _____	Company Name: _____
Position: _____	Mailing Address: _____
Email: _____	City: _____
Phone: _____	State: _____ Zip: _____ County: _____
Fax: _____	Home Phone: _____
Cell Phone: _____	Website: _____
How did you learn about the program? _____	Business Start Date: _____ (mm/dd/yy)
Business Status: <input type="checkbox"/> Currently In Business <input type="checkbox"/> Home-based	
Type of Business:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<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:	Business Organization:
<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	<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
Hispanic? <input type="checkbox"/> YES <input type="checkbox"/> NO	Business Description: _____
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)	Veteran Status:
<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	<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

How did you hear about the Advisory Board Council? _____

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

FINANCIAL PERSPECTIVE

QUESTION	RESPONSE
Do you have professional prepared financials for the last two years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you set financial goals this year?	<input type="checkbox"/> YES <input type="checkbox"/> NO If so, What is your annual sales goal? \$ _____
Total Revenues:	2012 \$ _____ 2013 \$ _____ 2014 Projection _____
Total Assets:	2013 \$ _____
Annual Profit or Loss:	2013 \$ _____ (Check one) <input type="checkbox"/> Profit <input type="checkbox"/> Loss
Do you currently have a positive cash flow?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you be willing to share your financials with the Advisory Board Council and your advisory board?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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?

CUSTOMER & SALES PERSPECTIVE

QUESTION	RESPONSE
Who are your major competitors?	
What are your main products and services?	
Do you have any proprietary products, exclusive licensing or patents?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain: <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 5px;"></div>
Who are your biggest customers?	
Does one customer account represent over 50% of your total sales?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain: <div style="border: 1px solid black; height: 50px; width: 100%; margin-top: 5px;"></div>
What is the likelihood of new competition?	<input type="checkbox"/> NONE <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> LIKELY <input type="checkbox"/> VERY LIKELY <input type="checkbox"/> CERTAIN

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

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

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

Additional Comments:

INTERNAL PERSPECTIVE

QUESTION	RESPONSE
What is your company's mission statement?	
What is your long-term vision (Exit Strategy) for your business?	
Describe your business culture and working environment:	

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
Accounting	
Business Planning	
Cash Flow	
Debt Management	
Financing/Loans	

