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| **Advisory Board Council** | Florida SBDC at UCFOffice (407) 420-4850 Fax (407) 420-48623201 E. Colonial Dr., Suite A-20Orlando, FL 32803www.sbdcorlando.com/abc |

# Client Application

EMAIL TO: Jill.Kaufman@ucf.edu

 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:** | \_\_ Currently In Business \_\_ Home-based |  |  |  |
| **Type of Business:** |

|  |  |
| --- | --- |
| \_\_ Retail | \_\_ Construction |
| \_\_ Service | \_\_ Manufacturing |
| \_\_ Wholesale | \_\_ Other |

 | **Gender:** | \_\_ Male \_\_ Female  |
| **Race:** |

|  |  |
| --- | --- |
| \_\_ White | \_\_ Hawaiian or Pacific  Islander |
| \_\_ Asian | \_\_ Native American |
| \_\_ Black | \_\_ Other |

 | **Business Organization:** |

|  |  |
| --- | --- |
| \_\_ Sole Proprietor | \_\_ S-Corp |
| \_\_ Partnership | \_\_ LLC |
| \_\_ Corporation | \_\_ Undecided |

 |
| Hispanic? | \_\_ YES \_\_ NO | **Business Description:**  |  |
|  |
| **Current # of Employees:** | Full \_\_\_\_\_ Part \_\_\_\_\_\_ 1099 \_\_\_\_\_\_ | **Veteran Status:** |

|  |  |
| --- | --- |
| \_\_ Non-Veteran | \_\_ Gulf War Veteran |
| \_\_ Veteran | \_\_ Vietnam Era  Veteran |
| \_\_ Disabled Veteran | \_\_ Service- Connected  Disability |

 |
| **Business Owner:** | Disabled or Handicapped? \_\_ YES \_\_ NO |
| **Are you any of the following?** (Check all that apply) |

|  |  |  |
| --- | --- | --- |
| \_\_ SBA Borrower | \_\_ 8(a) Certified | \_\_ Aid to Families w/Dependent Children (AFDC) last 2 yrs. |
| \_\_ SBA Applicant | \_\_ MBE Certified | \_\_ Temporary Assistance to Needy Families (TANF) in last 2 yrs. |
| \_\_ Surety Bonded | \_\_ Exporter | \_\_ HubZone |
| \_\_ COC Holder | \_\_ Not Small Business | \_\_ Unsure |

 |
| **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. I further understand that the SBA resource counselors have agreed: |  (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. |
|  |  |  |
| ***Signature of Requestor*** | ***Title of Requestor*** | ***Date*** |

**FINANCIAL PERSPECTIVE**

|  |  |
| --- | --- |
| **QUESTION** | **RESPONSE** |
| **Do you have professional prepared financials for the last two years?** | \_\_ YES \_\_ NO |
| **Have you set financial goals this year?** | \_\_ YES \_\_ NO If so, What is your annual sales goal? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total Revenues:** | 2015 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2016 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2017 Projection \_\_\_\_\_\_\_\_\_\_\_\_  |
| **Total Assets:** | 2016 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Annual Profit or Loss:** | 2016 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Check one) \_\_ Profit \_\_ Loss |
| **Do you currently have a positive cash flow?** | \_\_ YES \_\_ NO |
| **Would you be willing to share your financials with the Advisory Board Council and your advisory board?** | \_\_ YES \_\_ 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?** | \_\_ 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

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| --- | --- |
| **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?** |  |
| **What are the 2-3 biggest opportunities that your company can capitalize on over the next year??** |  |
| **If you had unlimited cash resources at this time, on what would you spend it?** |  |

**Additional Comments:**

##### WHAT ARE YOUR BIGGEST CHALLENGES?

|  |  |
| --- | --- |
| **TOPIC** | **ISSUES** |
| **Accounting** |  |
| **Business Planning** |  |
| **Cash Flow** |  |
| **Debt Management** |  |
| **Financing/Loans** |  |
| **Growth Management** |  |
| **Human Resources** |  |
| **Insurance (Liability or Benefits)** |  |
| **Legal Issues** |  |
| **Merger/Acquisition** |  |
| **Marketing** |  |
| **Operations** |  |
| **Pricing** |  |
| **Sales** |  |
| **Strategic Planning** |  |
| **Taxes** |  |
|  **Employee Turnover** |  |
| **Other:** (explain) |  |