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| Florida SBDC Network Logo**Florida SBDC at UCFBusiness Recovery Team****Email to:** **echoi@ucf.edu** | Florida SBDC at UCFOffice (407) 420-4850 3201 E. Colonial Dr., Suite A-20Orlando, FL 32803[www.sbdcorlando.com](http://www.sbdcorlando.com)  |

# Client Application (Rev. 1/4/2021)

### CONTACT & GENERAL BUSINESS INFORMATION

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| --- | --- | --- | --- |
| **Full Name:** |  | **Company Name:** |  |
| **Position:** |  | **Mailing Address:** |  |
|  |
| **Email:** |  | **City:** |  |
| **Phone:** |  | **State:** |  |  **Zip:** |  |  |  |
| **Cell Phone:** |  | **Website:** |  |
|  |  |  |  |
|  |  | **Gender:** | \_\_ Male \_\_ Female  |
| **Race:** |

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

 | **Business Organization:** |

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

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| Hispanic? | \_\_ YES \_\_ NO | **Business Description:**  |  |
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| **Business Owner:** | Disabled or Handicapped? \_\_ YES \_\_ NO | **How did you hear about the Business Recovery Team Program?** |

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| \_\_ Website | \_\_ Radio |
| \_\_ Word of Mouth | \_\_ Google |
| \_\_ Newspaper\_\_ Chamber of Commerce | \_\_ LinkedIn\_\_ FaceBook\_\_ Other |

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| **Veteran Status:** |

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| \_\_ Non Veteran | \_\_ Member of the Reserve |
| \_\_ Veteran | \_\_ Active Duty |
| \_\_ Service-Disabled Veteran | \_\_ Member of the National Guard |

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| **Business Ownership**: \_\_ % Male \_\_ % Female**Date Business Started?** (MM/YY) \_\_ / \_\_**Are you 8(a) Certified?** \_\_ YES \_\_ NO**Current # of Employees**: \_\_ Full \_\_ PT \_\_ 1099 | **Do you conduct business online?** \_\_ YES \_\_ NO**SBA Borrower?** \_\_ YES \_\_ NO**PPP?** \_\_ YES \_\_ NO **EIDL?** \_\_ YES \_\_ NO |
| **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**

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| **QUESTION** | **RESPONSE** |
| **Do you have professionally 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:** | 2019 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2021 Projection $\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Total Assets:** | 2020 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Annual Profit (Loss):** | 2020 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Do you currently have a positive cash flow?** | \_\_ YES \_\_ NO |
| **Would you be willing to share your financials with your Business Recovery Team?** | \_\_ YES \_\_ NO |

**Is there anything the BRT 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

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| **QUESTION** | **RESPONSE** |
| **Who are your major competitors?** |  |
| **What are your main products and services?** |  |
| **Do you have any proprietary products, 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) |

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

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| **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) |

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| --- | --- |
| \_\_ Internal Sales | \_\_ Consultant |
| \_\_ Outside Sales | \_\_ Subcontractors |
| \_\_ Owner/CEO | \_\_ Word-of-mouth |
| \_\_ Website | \_\_ Unsure |
| \_\_ Other: |  |

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##### INTERNAL PERSPECTIVE

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| **QUESTION** | **RESPONSE** |
| **What is your company’s mission statement?** |  |
| **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??** |  |

##### WHAT ARE YOUR BIGGEST CHALLENGES?

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| --- | --- |
| **TOPIC** | **ISSUES** |
| **Business/Strategy Planning** |  |
| **Cash Flow** |  |
| **Financing/Loans** |  |
| **Growth Management** |  |
| **Human Resources** |  |
| **Marketing** |  |
| **Operations** |  |
| **Other:** (explain) |  |