

# Seminole Advisory Board Council

Seminole State Center for Economic Development at Heathrow  
Office 407.708.4418 Fax 407.708.2407  
1055 AAA Drive  
Lake Mary, FL 32746

## Client Application

PRINT, SIGN AND FAX TO: 407.708.2407 Attn: Robert J. Goetz, Certified Business Analyst

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

<p><b>Full Name:</b> _____</p> <p><b>Position:</b> _____</p> <p><b>Email:</b> _____</p> <p><b>Phone:</b> (____) _____ - _____ x - _____</p> <p><b>Fax:</b> (____) _____ - _____ x - _____</p> <p><b>Cell Phone:</b> (____) _____ - _____ x - _____</p> <p><b>SIC Codes:</b> Available at <a href="http://www.sba.gov">www.sba.gov</a></p> <p><b>Business Status:</b> <input type="checkbox"/> Currently In Business <input type="checkbox"/> Home-based</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Retail</td> <td style="padding: 2px;"><input type="checkbox"/> Construction</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Service</td> <td style="padding: 2px;"><input type="checkbox"/> Manufacturing</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Wholesale</td> <td style="padding: 2px;"><input type="checkbox"/> Other</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> White</td> <td style="padding: 2px;"><input type="checkbox"/> Hawaiian or Pacific Islander</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Asian</td> <td style="padding: 2px;"><input type="checkbox"/> Native American</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Black</td> <td style="padding: 2px;"><input type="checkbox"/> Other</td> </tr> </table> <p><b>Race:</b></p> <p><b>Hispanic?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>Current # of Employees:</b> Full _____ Part _____ 1099 _____</p> <p><b>Business Owner:</b> Disabled or Handicapped? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> SBA Borrower</td> <td style="padding: 2px;"><input type="checkbox"/> 8(a) Certified</td> <td style="padding: 2px;"><input type="checkbox"/> Aid to Families w/Dependent Children (AFDC) last 2 yrs.</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> SBA Applicant</td> <td style="padding: 2px;"><input type="checkbox"/> MBE Certified</td> <td style="padding: 2px;"><input type="checkbox"/> Temporary Assistance to Needy Families (TANF) in last 2 yrs.</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Surety Bonded</td> <td style="padding: 2px;"><input type="checkbox"/> Exporter</td> <td style="padding: 2px;"><input type="checkbox"/> HubZone</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> COC Holder</td> <td style="padding: 2px;"><input type="checkbox"/> Not Small Business</td> <td style="padding: 2px;"><input type="checkbox"/> Unsure</td> </tr> </table>	<input type="checkbox"/> Retail	<input type="checkbox"/> Construction	<input type="checkbox"/> Service	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Other	<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"/> 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	<p><b>Company Name:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>City:</b> _____</p> <p><b>State:</b> _____ <b>Zip:</b> _____ <b>County:</b> _____</p> <p><b>Home Phone:</b> (____) _____ - _____ x - _____</p> <p><b>Website:</b> _____</p> <p><b>Business Start Date:</b> ____/____/____</p> <p><b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Sole Proprietor</td> <td style="padding: 2px;"><input type="checkbox"/> S-Corp</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Partnership</td> <td style="padding: 2px;"><input type="checkbox"/> LLC</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Corporation</td> <td style="padding: 2px;"><input type="checkbox"/> Undecided</td> </tr> </table> <p><b>Business Organization:</b></p> <p><b>Business Description:</b> _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Non-Veteran</td> <td style="padding: 2px;"><input type="checkbox"/> Gulf War Veteran</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Veteran</td> <td style="padding: 2px;"><input type="checkbox"/> Vietnam Era Veteran</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Disabled Veteran</td> <td style="padding: 2px;"><input type="checkbox"/> Service-Connected Disability</td> </tr> </table> <p><b>Veteran Status:</b></p>	<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	<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:

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**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"/>
<b>Total Revenues:</b>	2009 \$ _____ 2010 \$ _____ 2011 Projection _____	<input type="checkbox"/>
<b>Net Sales:</b>	20010 \$ _____	<input type="checkbox"/>
<b>Total Assets:</b>	2010 \$ _____	<input type="checkbox"/>
<b>Total Net Worth:</b>	2010 \$ _____	<input type="checkbox"/>
<b>Annual Profit or Loss:</b>	2010 \$ _____ (Check one) ___ Profit ___ Loss	<input type="checkbox"/>
<b>Annual Average Percentage Change in Sales?</b>	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"/>
<b>Additional Comments:</b>		

## 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: <div style="border: 1px solid black; width: 300px; height: 50px; display: inline-block; vertical-align: middle;"></div>	<input type="checkbox"/>
Who are your biggest customers?		<input type="checkbox"/>

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)

<input type="checkbox"/> Internal Sales	<input type="checkbox"/> Catalog	<input type="checkbox"/> Direct Mail
<input type="checkbox"/> Outside Sales	<input type="checkbox"/> Door-to-Door	<input type="checkbox"/> Internet (website)
<input type="checkbox"/> Government	<input type="checkbox"/> Subcontracted	<input type="checkbox"/> Networking
<input type="checkbox"/> Brochure	<input type="checkbox"/> Referrals	<input type="checkbox"/> CD-ROM/Interactive Media
<input type="checkbox"/> 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)

<input type="checkbox"/> Internal Sales	<input type="checkbox"/> Consultant
<input type="checkbox"/> Outside Sales	<input type="checkbox"/> Subcontractors
<input type="checkbox"/> Owner/CEO	<input type="checkbox"/> Word-of-mouth
<input type="checkbox"/> Website	<input type="checkbox"/> Unsure
<input type="checkbox"/> Other: _____	

Additional Comments: \_\_\_\_\_

### INTERNAL PERSPECTIVE

QUESTION	RESPONSE	UNSURE
What is your company's mission statement?	<input type="text"/>	<input type="checkbox"/>
What is your long-term vision (Exit Strategy) for your business?	<input type="text"/>	<input type="checkbox"/>
Describe your business culture and working environment:	<input type="text"/>	<input type="checkbox"/>

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:

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## WHAT ARE YOUR BIGGEST CHALLENGES?

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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"/>

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

**Additional Comments:**

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