



Business Client Intake Application for the 2010-2011 Program Year

A. Client Information

Business Name: _____

Business Owner's Name: _____

Business Web site Address: _____

Do you use: LinkedIn _____ Twitter _____ Plaxo _____ Facebook _____

1) Client Name: _____

2) Business Address: _____

3) City, State Zip Code: _____

4) Home Address: _____

5) Contact Information: Is your business home-based? _____

Telephone: _____

E-mail: _____

Cell Phone: _____

Fax Number: _____

6) What is your race/ethnicity?

- | | |
|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Native American or Alaska Native | |

7) What is your gender?

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

8) Additional demographics (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Service-disabled Veteran |
| <input type="checkbox"/> Active Military Service | <input type="checkbox"/> Disability _____ |

B. Current Company Information

1) Who are the stakeholders in your Company:

- a.
- b.
- c.

2) Within which county is your business located?

- Medina
- Portage

- Summit
- Other _____

3) List the products/services offered by your business

4) Business Description

5) Legal Entity of Business/Business Organization:

- C-Corporation
- S-Corporation
- Non-profit Corporation
- Limited Liability Corporation
- Limited Liability Partnership

- General Partnership
- Limited Partnership
- Sole Proprietor
- Foreign
- Other _____

6) Type of Business:

- Mining
- Utilities
- Information
- Construction
- Retail
- Wholesale
- Manufacturing
- Finance/Insurance
- Public Administration
- Educational Services
- Real Estate/Rentals/Leases

- Health Care/Social Assistance
- Accommodations/Food Service
- Arts/Entertainment/Recreation
- Logistics
- Professional/Scientific/Technical/ Services
- Management of Companies/Enterprises
- Agriculture/Forestry/Fishing/Hunting
- Administrative/Support
- Waste Management/Remediation Services
- Other Services

7) What is your primary product or service?

8) What percent of the business do you own? _____%

9) Describe your current marketing strategy:

- Online List: _____
- Word-of-mouth
- Flyers/Brochures List: _____
- Yellow Pages List: _____
- Newspapers List: _____
- Magazines List: _____
- Radio/Television List: _____
- Other List: _____

10) What organizations/associations (e.g., local Chamber of Commerce) do you personally or does your company/business belong to?

11) Is your business part-time or full-time? _____

12) Date business was started: _____ month _____ of _____ year _____

13) Business Status:

- Existing but declining
- Existing and healthy
- Starting
- Other _____

14) Total number of employees: _____ f _____ ull-time _____ part-time

15) For the most recent full business year, what were your:

- a) Gross Revenues/Sales: \$ _____
- b) +Profits/-Losses: \$ _____
- c) Current Business Assets: \$ _____

(Financial statements for the above data are required for program consideration.)

C. FUTURE BUSINESS ASPIRATIONS

1) Do you have a current business plan? _____ If yes, please submit with application.

2) In general, within the next two years, what are your goals?

Increase number of employees by _____ employees

Increase revenues/sales by \$ _____/year

Increase business (locally) List communities: _____

Increase business (regionally) List counties: _____

Increase your business (statewide)

Increase business (multi-state) List states: _____

Increase business (nationally)

Increase business (globally) List countries: _____

Increase products/services List: _____

3) What services/assistance do you feel would help your business grow?

Agribusiness

Accounting/Budget/Inventory Setup

Bidding

Bonding

Business Plans

Business Start-up

Buying/Selling a Business

Cash Flow Analysis and Management

Community Development Block Grants

Commercialization

Computer Services

Customer Relations

Engineering R&D

Estimating

eVantage

Federal and/or State Tech Programs

Financial (i.e., loans or equity capital)

Franchising

Government Contracting

Human Resources: Hiring

Human Resources: Managing Current Employees

Intellectual Property

International Trade

Inventory Control

Legal Issues

Managing a Business

Market Diversification

Marketing

Operations Analysis and Planning

Procurement

Regulatory Compliance

Small Business Innovation Research

Strategic Planning

Tax Planning

Technology

Women's Certification

Other _____

4) Comments/Justification for participation:

5) How did you hear about the PMBA program?

What certifications does your organization currently hold? (i.e., MBE, EDGE, 8A, etc.)

- 1.
- 2.
- 3.
- 4.

To mail your application, please send it to:
Partnership for the Minority Business Accelerator
2009-2010 Application
c/o
Akron Urban League
400 Vernon Odom Blvd.
Akron, Ohio 44307

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Phone: 234-542-4497