



APPLICATION

Business Owner Name: _____

Business Name: _____

Mailing Address: _____

Business Phone: () _____ Alternate Phone: () _____ Fax: () _____

Email Address: _____ Website Address: _____

Business Description: _____

Years in business: (Circle One) 3-5 5-10 10+ Annual Sales: (Circle One) 100k-250k 250k-500k 500k +

What is the Mission/Vision statement for your business? _____

Why do you think a written business plan is important to your business? _____

Why are you in business? _____

How will you benefit from the Challenge program? _____

How can you contribute to the Challenge program? _____

What are your areas of expertise? _____

What are the 3 most important things you have learned in your last 2 years of business? _____

List 3 areas you need the most assistance with: _____

Can you get along with a diverse group? YES NO

Have you ever participated in a business group that was non-networking? YES NO

Can you commit to 1 year's worth of business strategy sessions? YES NO

Are you willing to share confidential information about your business with others? YES NO

Can you be open-minded when receiving input from your business peers? YES NO

Are you willing to freely share ideas? YES NO

To be considered for participation in the Challenge program, please complete this application, attaching additional sheets if necessary. Send this along with a copy of your Written Strategic Business plan to: DIRECTOR, NORTH LA SBDC, 5121 VAN NUYS BLVD., 3RD FLOOR, VAN NUYS, CA 91403 Orientation is MANDATORY, so please Hold the Date until you are notified whether you have or have not been selected to participate in the program. For additional information, call (818) 907-9922.