

Applicant Criteria:

The Presidents' Council Foundation's *Emerging Entrepreneurs Program* is designed to assist African-American small business owners, whose companies have the possibility for high growth to move beyond the beginning entrepreneurship phases and become vibrant, growing businesses as leaders and investors in their own success. We at The Presidents' Council Foundation believe that to enhance the economic growth of Northeast Ohio, we need to strengthen the business success of African-American business owners and address unique challenges faced by these businesses.

This program is designed for African-American business owners who have been in business at least 2 years and are ready to take the time to position their company for economic development, growth, and profitability. Ideal candidates are as follows:

- African-American
- Company at least 51% African-American owned
- Established in business at least 2 years
- Revenues of at least \$50,000
- High Growth Potential

Application timeline:

September 2016:	Applications Open
January 27th 2017:	Applications Close
Jan 30th to Feb 8th 2017:	Interviews & Participant Notification
February 17th 2017:	Orientation
February 25th to 26th 2017:	Weekend Intensive Training
March 3rd 2017:	Classes Officially Begin

Payment Information:

Tuition for the Emerging Entrepreneurs Program is \$500. This includes session materials, program supplies, food and beverage at each session, a 1-year Presidents' Council Business Chamber standard membership upon successful completion of the program, individual consultation with expert facilitators, and a host of wraparound services via our partnership with Cleveland State University Monte Ahuja College of Business. **\$500 due at time of acceptance to the program.**

Program expectations:

Participants are encouraged to take full advantage of the program's many facets and engage in the learning process to their fullest capacity. If you feel you cannot meet the expectations of the program, please reconsider your application:

- Commit to attend weekly sessions. If you miss more than two (2) sessions without notice you will be dismissed from the program.
- Engage and connect with Emerging Entrepreneur classmates for strengthening of business network.
- Participate in planned activities and attend annual fundraising and networking events.



Please complete the following application form in its entirety and email to Erica@ThePresidentsCouncil.com or you may complete online at <http://thepresidentscouncil.org/emerging-entrepreneurs/ee-application/> .

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name: _____

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Date of Birth: _____ Gender: Male Female

Address: _____

City, State, Zip: _____

Educational Information

List all colleges and universities attended:

Institution	Location	From – To	Major	Degree Earned Date

Company Information

Company Name: _____

Business Phone#: _____ Fax: _____

Company Address: _____

City, State, Zip: _____

Company Website: _____

Email Address: _____

Title/Responsibility: _____



BUSINESS OWNERSHIP

Gender

- Male
- Female

Veteran Status

- Non-Veteran
- Veteran

Military Status

- Member or Reserve or National Guard
- On Active Duty

What percentage of your business is (ethnic) minority owned? % _____

What percentage of your business is male or female owned? % Male _____ % Female _____

Do you conduct business online? Yes No Company FEIN: _____

Are you a home based business? Yes No Company DUN: _____

For your most recent full year, what were your: Gross revenues/Sales \$ _____ +Profits/-Losses \$ _____

What is the legal entity of your business

- Sole Proprietorship
- Corporation
- LLC
- S-Corporation
- Partnership
- Other (specify) _____

In what year was your business started? _____

What is your company's annual revenue? Estimate current year: _____ Last fiscal/year end: _____

How many clients/customers do you currently serve? _____

Which industry does your business BEST fit into?

- Construction
- Distribution
- Finance
- Healthcare
- Manufacturing
- Marketing
- Personal Services
- Professional Services
- Retail / Wholesale
- Other, _____

Strengths	Weaknesses
Opportunities	Threats

Have you undergone any other business training programs? If so, please list them.

Employee Information

Number of Full-Time Employees? _____ Number of Part –Time Employees? _____

Number of Contract Employees? _____ Number of Minority Employees? _____

What is your company's annual payroll amount? Estimate current year: _____ Last fiscal/year: _____

Certifications / Designations

City of Cleveland Cuyahoga County MBE/EDGE ODOT OMSDC

RTA SBA 8(a) Certified FBE Other (list) _____

Is Business in a HUBZone: No Located in HUBZone Only Certified HUBZone

Date Certified _____ Is Business Located in Distressed Area: Yes No

Company Challenges

How can the Emerging Entrepreneurs program help solve the problem / issue you're having in your company?

What is your company's greatest growth challenge and how has this impacted your business?

What are your short term and long term goals for your business?

Describe your most significant business accomplishment:

Program Participation

What do you hope to gain from and how do you expect to utilize your Emerging Entrepreneur experience?

How do you think other Emerging Entrepreneur participants will benefit from your participation in the program?

Describe your community involvement:

Are you confident that you will be able to attend at least 86% of classroom sessions? (Circle) **Yes / No**

Do you currently have a usable business plan/model? _____ If so, when was it last updated? _____

Do you currently have a usable Marketing plan? _____ If so, when was it last updated? _____



How did you hear about the Emerging Entrepreneurs Program?

Please list 3 references (for example, clients/customers, co-worker, please do not list an immediate family member)

1. _____	_____	_____
Name	Relationship	Email or Phone
2. _____	_____	_____
Name	Relationship	Email or Phone
3. _____	_____	_____
Name	Relationship	Email or Phone

Signature: _____

Print Name: _____

Date: _____