

IN PARTNERSHIP WITH

FIFTH THIRD BANK

2018 EXECUTIVE BUSINESS EDUCATION PROGRAM

BUSINESS ASSESSMENT & APPLICATION

Please complete this form in full and return to nwayne@theinstitutenc.org for enrollment into this series. All applications must be received no later than Wednesday, October 3, for the October 11 - November 8 series.

Participant Name _____
First Last

Business Name _____ **Year Started**
(MM/DD/YY)

Street Address _____

City _____ **State** _____ **Zip** _____

Business Phone _____ **Mobile Phone** _____

Email Address _____

Website _____

Demographics
(Check all that apply)

Service Disabled Veteran Non-Service Disabled Veteran

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	
	<input type="checkbox"/> Other Pacific Islander	

Business Structure

<input type="checkbox"/> C Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Other For Profit
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> College/Local & State Gov't
<input type="checkbox"/> Other Non-Profit	<input type="checkbox"/> Subchapter S Corp	<input type="checkbox"/> Other
<input type="checkbox"/> America Indian Tribe		

Business/Industry _____ **DUNN#** _____
Product/Service _____ **NAICS Code** _____

Largest Contract Value (in the past two years) \$ _____ **Number of Years in Business** _____
2018 Sales Revenue \$ _____ **Number of Current Clients** _____

EOY Position (Bal. Sheet '17) \$ _____ EOY Revenue (P&L '17) \$ _____
 EOY Revenue (P&L '16) \$ _____ Filed Last Fiscal Tax Rpt ('17) Y / N
 Total Number of Employees _____ Full Time _____ Part Time _____ Temp/
 Seasonal _____

BUSINESS EVALUATION

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My company has developed a robust marketing plan for 2018-2019	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Business has a clear understanding of who our target market is and have a client experience process in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Business has smart goals for the upcoming business year and through 2020	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My company has forecasted the 2019 revenue - with strategies for at least 10%-15% growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a plan for business development and growth and have implemented the steps for execution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My business has identified and mastered the business systems we need to put in place for 2018 & 2019	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Business has a Business Plan and as a result our company has adequate human resources and structure - and are meeting the demands of the business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My business has seen significant increase in revenue, workforce development, and customer growth over the past two years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My business has a sound communication strategy that is communicated from the top down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Business has a strong Accounting Process and Financial Management System - with formal accounting procedures (GAAP) standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



A LOOK BACK...

Tell us about some of your wins and challenges since starting your business.

In one sentence, how would you best summarize your business over the past year?

Name 2 business wins this past year?

Name 2 business challenges this past year?



A LOOK AHEAD...

Tell us where you're going.

Name 2 business goals for the coming year.

What industry trends do you foresee happening in the next few years?

Where do you see your company in 2020 and what would it take to get there?

WHY YOU?

Why should you be selected for Executive Business Education Program?
