



Jacksonville ATHENA PowerLink® Program APPLICATION

**NOTE: Applications are open annually April 15 to May 31 and Oct. 15 to Nov. 30
No extensions will be granted**

Woman Business Owner(s) _____

Business Name _____

Business Address _____

City, State, Zip _____

Phone () _____ **Fax ()** _____ **Mobile ()** _____

E-mail Address _____

Web Address _____



The Jacksonville Women's Business Center is a program of the Jacksonville Chamber Foundation, a 501(c)3 organization. JWBC is partially funded through a cooperative agreement with the U.S. Small Business Administration. SBA's cooperation does not constitute or imply its endorsement of any opinions, products or services. All SBA programs are extended to the public on a nondiscriminatory basis.

Reasonable arrangements for persons with disabilities will be made if requested at least two weeks in advance.

Qualification Questions:

- Month/Year business began _____
- Percent of business owned by one or more women _____
- Does the Applicant actively manage the business? Yes No
- Do you have partners or investors for your business? Yes No
- Number of employees (include applicant if applicable):
 - Full Time _____
 - Part Time _____
 - Independent Contractors _____
- Date fiscal year ends _____
- Sales or revenue history (use annual fiscal year numbers; do not include cents):
 - Last fiscal year \$ _____
 - Previous fiscal year \$ _____
 - 2 years previous \$ _____
- Projected revenue for this fiscal year Budget for this fiscal year _____

(Please use separate sheets of paper if your response does not fit in the allocated space. Thank you).

- Is there anything the ATHENA*PowerLink*® program should know about you or your business; i.e., do you have any litigation pending? Are there significant personal or business financial difficulties of which we need to be aware?

- Have you applied for an ATHENA*PowerLink*® Advisory Panel before?
Yes (If yes, when, and please describe why you did not receive one.) No

Business Questionnaire: (You may attach a separate sheet for answers.)

1. Do you have a written business plan? Yes No
(If yes, please send business plan with application, if possible.)

2. Briefly describe your goals for the business.
 - Over the next one year:

 - Over the next five years:

3. Do you have financial projections for the next one to two years?
Yes No (If yes, please send financial projections with application, if possible.)

4. Does your business currently have a board of directors? Yes No
(If yes, how many directors, and describe their areas of expertise.)

5. Do you expect any significant change in business ownership or operation during the next 18 months? Yes No (If yes, please describe.)

6. Briefly describe your business products. Include any business literature with application.

7. Who are your three largest customers? Approximately what percentage of last year's sales do they represent? Approximately what is your average size sale overall?

8. Briefly describe your business major strengths and major weaknesses.

9. What are your primary tasks as president/owner? Which do you enjoy more:
(a) Running the business or (b) being in the industry?

10. What frustrates you most about running your business?

11. What is your highest business priority and how do you see an Advisory Panel being able to help you reach that priority?

12. Have you participated in any Small Business Administration Programs such as a Women's Business Center, SCORE, or SBDC? If so, please state when and describe how your business benefited.

13. What successful adviser/advisee relationships have you had while running this business? What good advice have they given you? How has this affected your business? Has it resulted in any lasting or permanent change?

Balance Sheet

COMPANY NAME: _____

Balance Sheet # of Months	3 Years Ago	2 Years Ago	1 Year Ago	Year to Date
Cash & Equivalents				
Accounts Receivable				
Inventory				
Prepaid Expenses				
Deposits				
Total Current Assets				
Real Estate				
Machinery & Equipment				
Vehicles & Rolling Stock				
Leasehold Improvements				
Other:				
Less Depreciation				
Net Fixed Assets				
Intangibles				
Loans to Stockholders				
Notes Receivable				
Other:				
Total Other Assets				
Total Assets				
Loans – Short Term				
Current Portion – LTD				
Accounts Payable/Trade				
Income Taxes Payable				
Accrued Expenses				
Total Current Liabilities				
Long Term Debt				
Real Estate Mortgages				
Accrued Expenses				
Total Long Term Debt				
Total Liabilities				
Stock				
Additional Capital				
Retained Earnings				
Other:				
Total Net Worth				
Total Liabilities & Net Worth				

Income Statement

COMPANY NAME: _____

Income Statement # of Months	History Year 3	History Year 2	History Year 1	Year to Date
Total Sales				
Cost of Goods Sold				
Gross Profit				
Officer's Salaries				
Salaries				
Payroll Taxes				
Total Compensation				
Repairs and Maintenance				
Bad Debts				
Rent				
Taxes & Licenses				
Depreciation & Amortization				
Advertising & Sales Expense				
Employee Benefits				
Office expense				
Auto/Delivery				
Telephone				
Utilities				
Insurance				
Bank & Credit Card Fees				
Miscellaneous				
Total Operating Expense				
Operating Profit/Loss				
Other Income				
Interest Expense				
Other Expense				
Net Other Income (Expense)				
Earnings (Losses) Before Taxes				
Income Taxes				
Profit (Loss) After Tax				
Withdrawals/Dividends				

If you are selected to participate in Jacksonville's ATHENAPowerLink® program, and find the experience valuable, are you willing to make a tax-deductible gift of \$1,500 or greater to the Jacksonville Women's Business Center at the completion of your one-year program?

Yes No

The information contained in this application is provided for the purpose of obtaining an unpaid Advisory Panel through the Jacksonville ATHENAPowerLink® program. I understand that you are relying on the information provided herein in deciding to grant an Advisory Panel, and therefore, I represent that the information provided is true and complete. You are authorized to make whatever inquiries you deem necessary, and you have permission to obtain a credit report on me or on my company from any credit-reporting agency.

Signature _____

Date _____

Checklist for Submission:

A **\$100 non-refundable** application fee; make check payable to **JAX Chamber Foundation/JWBC**

Your application fee can be sent electronically by [clicking here](#) and selecting **Jacksonville Women's Business Center** and noting "ATHENA Application fee" in the memo box.

Please **submit one electronic** version and **send/deliver 12 printed copies of:**

- your completed application, which includes the financial analysis forms
- additional supporting materials
- A check for the application fee, if not paid electronically

Pat Blanchard, Director

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