

Participant Application
Marketing MattersSM Mentoring Program
Applications may be submitted year-round; Start dates January and August

Woman Business Owner(s) _____

Business Name _____

Business Address _____

City, State, Zip _____

Phone _____ Fax _____ Mobile _____

E-mail Address _____

Web Site Address _____

Are you a member of the JAX Chamber? Yes No

Qualification Criteria:

To be eligible to participate in **Marketing MattersSM** applicants **must meet** the following criteria:

- Own 50% of the company, or greater, and actively manage it
- Minimum of six months in business
- Minimum annual revenues of \$25,000; maximum \$10 million



The Women's Business Center is a program of the JAX Chamber Foundation, a 501(c)3 organization. Jacksonville Women's Business Center is partially funded by the U.S. Small Business Administration's Office of Women's Business Ownership (OWBO). SBA's cooperation does not constitute or imply its endorsement of any opinions, products or services. Reasonable arrangements for persons with disabilities will be made if requested at least two weeks in advance. Contact: jwbc@myjaxchamber.com All SBA programs are extended to the public on a nondiscriminatory basis.

Program Qualification

Business Ownership percentage by one or more women: _____

Month/Year Business Began _____

Does/do applicant(s) actively manage the business? Yes No

Most Immediate Marketing Needs

This is a business learning and planning program for women business owners to gain knowledge and understanding about marketing. In this program, you will be matched with a mentoring team who will guide you toward select marketing strategies to reach your business goals. Together, you will develop a marketing plan. While your plan will prescribe specific action steps, the process will take time.

Alternatively, given the depth of information you provide here, coupled with your mentors' assessment of your situation, you may receive suggestions you can act on immediately to kick start your efforts.

If you are facing business issues you believe need to be addressed immediately, please describe them here.

Why are you applying to this program? Please describe the problems you want to solve and what you expect to gain.

Business Questionnaire

Business Entity: Sole Proprietorship Corporation Partnership

The business is: For Profit Not-for-Profit (registered 501(c) 3)

Industry: _____

Hint: Use keywords, how someone would search for your type of business.

The business is a: Retailer Wholesaler Distributor Manufacturer
(sells direct to market)

The business sells to: Consumers Businesses Government
(select all that apply)

Number of Employees: Full-Time Part-Time Contract
(please indicate a number and include yourself)

Business operations are

Home or Office-based (customers come to me or I go to customers)

Store (customers come to me)

Online (customers buy online)

Service-based (I go to customers)

I currently work a full-time job in addition to running my business. Yes No

Customers can find my business online @ (please list your website address, social pages, directory listings, etc.)

How does your business generate revenue? Please list your products, services and other sources of business income:

Please list at least two for each of the following. What do you believe to be your business'

Strengths (what you do well)

Weaknesses (what you could do better)

Opportunities (potential)

Threats (uncertainty)

What kind of marketing promotions have you tried in the past? Were they successful? Please describe at least two activities and the results.

Description, dates Implemented, results

Description, dates Implemented, results

Business Support & Relationships

Does your business currently have an advisory board or board of directors? Yes No
If yes, how many, and describe their areas of expertise.

Have you ever participated in a formal business mentoring program?
 If yes, please describe your experience.

Yes No

Business Performance & Goals

Sales or Revenue History *(use annual fiscal year numbers; do not include cents)*

Last fiscal year \$ _____
 Previous fiscal year \$ _____
 Next previous fiscal year \$ _____
 Projected for this fiscal year \$ _____
 Budget for next fiscal year \$ _____

Is your business on target to reach projected revenue?

Yes No

Do you have a marketing budget?

Yes No

Please describe your top business goals for the next 12 months.

Applicant Acknowledgement

The information contained in this application is provided for the purpose of acceptance into the JWBC Marketing Matters Mentoring Program. As part of the program, you will be matched with a volunteer team of mentors who are professionals in the field of marketing and communication.

I understand the information I've provided in this application will form the basis of a selection decision. I represent this information is factual and complete. I understand there is an **application fee of \$100** associated with this mentoring program that will be applied toward my **total enrollment cost of \$150 for Chamber members or \$200 for non-Chamber members. The balance is due and payable by the date of the first workshop.** The program fee is tax deductible as a business expense.

NOTE: If you take both Marketing and Financial Matters in succession you will receive 10% off the combined fee. Full payment for both programs due by the first workshop of the first program.

I agree to complete future questionnaires from the JWBC related to the growth of my business, coordinate mentoring sessions, attend program events and complete the program reports during the program period.

Signature _____

Application Date _____

Checklist for Submission:

A **\$100 deposit**; make check payable to **JAX Chamber Foundation/JWBC**

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

- o Please **submit one electronic** version and **send/deliver** additional supporting materials
- o A check for the deposit, if not paid electronically

Pat Blanchard, Director

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Please complete the following questionnaire, which will assist us in matching you with the appropriate mentor(s) and determine what level of instruction each participant needs.

Marketing Matters Preliminary Questionnaire

Do you have a business name and logo?

Yes No

Do you have a website?

Yes No

What are your marketing goals?

Select all that apply:

Grow My Brand Awareness

Grow My Digital Presence

Gain New Customers

Where have you gotten your leads/new customers in the past?

Select all that apply:

Print, Radio

OOH/Billboards

Word of Mouth/Referrals

TV

Business Networking

PR

Digital Ads

Google PPC

Facebook PPC

Social Media

Search Engine Marketing

Email Marketing

Direct Mail

Not Sure

Continued...

What is the state of your industry?

Not Sure

Who are your competitors?

Not Sure

What is your competitive edge (why should someone choose you)?

Not Sure

Who are is your target audience (ex. Men and Women, Age 35+, Living in Jacksonville)?

Not Sure

Continued...

What service or product generates the most revenue?

Not Sure

What are you willing to pay for a new customer?

Not Sure

How would you like to market your business in 2017?

Select all that apply:

Print

Radio

OOH/Billboards

Word of Mouth/Referrals

TV

Business Networking

PR

Digital Ads

Google PPC

Facebook PPC

Social Media

Search Engine Marketing

Email Marketing

Direct Mail

Not Sure

Continued...

What would you like to learn about during the series?

Pick Your Top 3:

- Branding
- Google
- Facebook
- Instagram
- YouTube
- LinkedIn
- Search Engine Optimization
- Web Development
- PR
- Testimonials
- Directory Listings
- Blog Writing
- Email Marketing

Will you outsource your marketing or do it yourself?

- Outsource
- DIY
- Combo

Submit