



SMALL BUSINESS MANAGEMENT PROGRAM APPLICATION FORM

Small Business Development Center
Central Oregon Community College

Physical address: 1027 NW Trenton, Bend OR 97701
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Phone: (541) 383-7290 Fax: (541) 383-7503 Email: sbdc@cocc.edu



Name: _____

Business Name: _____

Business Location: _____

Business Mailing Address: _____

Work Phone: _____ Cell/Other Phone: _____ Fax: _____

Email: _____ Business Web Site Address: _____

Type of Business: _____ Number of Employees: _____

Briefly describe your core business: _____

Years in business: _____ Years of formal academic training: _____

Years of training for your particular field: _____

What accounting software do you use? _____

Can you produce accurate monthly financial statements? _____

Are there other people in your business that are considering attending classes? If so, who? _____

Optional information that you would like us to know about you: _____

What would you like to learn through participation in this program? _____

When is the best time to call to set up an interview? _____

Current Year Sales Range:	_____ Under \$250,000	_____ \$250,000 - \$999,999
	_____ \$1,000,000 - \$4,999,999	_____ \$5,000,000 - \$9,999,999
	_____ \$10,000,000+	

Prior Year Sales Range:	_____ Under \$250,000	_____ \$250,000 - \$999,999
	_____ \$1,000,000 - \$4,999,999	_____ \$5,000,000 - \$9,999,999
	_____ \$10,000,000+	

2nd Prior Year Sales Range:	_____ Under \$250,000	_____ \$250,000 - \$999,999
	_____ \$1,000,000 - \$4,999,999	_____ \$5,000,000 - \$9,999,999
	_____ \$10,000,000+	

50 HOURS OF INSTRUCTION AND COUNSELING FOR \$699!

HOW DO WE DO IT?

Participants in this program receive instruction and counseling from an experienced professional that will prove to be worth many times what we charge in tuition. With the support of Central Oregon Community College and our partners, the Oregon Business Development Department and the US Small Business Administration, the Small Business Development Center offers this program in the belief that you and your business are a good investment of the dollars required to subsidize this program. Because we believe in you and the value of a strong small business sector we are willing to bet on your successful growth.

SCOPE OF WORK AGREEMENT

This letter of understanding defines the obligations of the Business Counselor and the Client and the scope of work for the services being provided by the Small Business Development Center. It is anticipated that the Client will spend at least 50 hours attending classes, counseling sessions and working on the management of their business.

The Client agrees to:

1. Attend relevant scheduled classes.
2. Set aside time each month for counseling sessions.
3. Work on business improvement projects to achieve business goals.
4. Keep an open mind about new business concepts and implement these when appropriate.
5. Promptly pay any fees associated with classes.
6. Establish annual goals,
7. Set schedule to work on meeting goals.
8. Continually assess progress towards meeting goals.
9. Provide year-end financial impact data.
10. Continually provide current financial information.

The Business Counselor agrees to:

1. Coordinate and conduct scheduled classes to provide resources and concepts.
2. Set aside time each month for counseling sessions.
3. Be available by phone, email and fax.
4. Be proactive by constantly searching for information relevant to the client.
5. Assist client in exploring alternative solutions to business problems.
6. Continuously strive to remain "state-of-the-art" on business concepts.
7. Be supportive, respectful, non-judgmental, prompt and offer an outside perspective.

Please sign below:

Business Counselor

Date

Business Owner*

Date

**My signature here also indicates acceptance that my business name may be used in future promotions for the SBM program or other Small Business Development Center activities.*