

### Client Contact Information

Name: \_\_\_\_\_

Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Best Number to Reach you at: (Please circle) Work Home Cell

Appropriate time to contact you: \_\_\_\_\_

How did you hear about TIME? \_\_\_\_\_

### Client Background

What stage is your business in its life cycle: (Please circle)  
*Pre Start up Start up Growth Maturity*

Length of time in current business: \_\_\_\_\_

Business Structure: \_\_\_\_\_

Have you ever been a mentee? Yes No

Are you able to commit 4 - 6 hours per month for 4 months? Yes No

Are you able to commit to a 4-month relationship with a mentor? Yes No

Are you willing to be held accountable for achieving your goal? Yes No

Are you an ASBA member? Yes No

What languages do you speak? \_\_\_\_\_

Why do you want to be a mentee? \_\_\_\_\_

What are your expectations of the mentoring program? \_\_\_\_\_

**Business Stage Background**

Please complete the following questionnaire section relevant to your business stage: pre-start up, start up or operation (over 1 year).

**Pre-Start Up**

What is your business idea? \_\_\_\_\_  
\_\_\_\_\_

Do you have experience or expertise to substantiate your business idea? If yes, what?  
\_\_\_\_\_

What research have you conducted to support the viability of your business idea?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a business plan? \_\_\_\_\_

How will you implement the business start up? \_\_\_\_\_  
\_\_\_\_\_

Do you have operation capital along with personal savings for household expenses?  
\_\_\_\_\_

Please describe your business (briefly include your mission and service or product).  
\_\_\_\_\_  
\_\_\_\_\_

**Start up business (1—12 months)**

Please describe your business (briefly include your mission and service or product).  
\_\_\_\_\_  
\_\_\_\_\_

What is your business challenge? \_\_\_\_\_  
\_\_\_\_\_

Do you have a business plan? \_\_\_\_\_

Does your business need funding? \_\_\_\_\_

Operation (over 1 year)

Please describe your business (briefly include your mission and service or product).

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What is your business challenge? -----

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What specifically do you want help with? -----

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**Mentoring Areas of Interest**

Please circle the top three areas below in which you would like to receive guidance from your mentor.

Marketing:      *Strategy*      *Competitive Differentiation*      *Pricing*      *Marketing Plans*  
*Communications*      *Other:*

Finance/Accounting: *Strategy*      *Cash Flow Projections*      *Bookkeeping*      *Analysis*  
*Financing for Growth*      *Debt*      *Taxes*      *Business Plans*  
*Other:*

Sales:      *Consumer sales*      *Business to Business*      *E-Commerce*      *Analysis/*  
*Planning*      *Other:*

Legal:      *Contracts*      *Intellectual Property*      *Licensing*      *Taxes*      *Other:*

Technology:      *Computer Networking*      *Computer Programming*      *Web design*  
*Computer Repair*      *Web Site Marketing*      *Other:*

Human Resources:      *Training*      *Hiring*      *Leadership*      *Other:*

Consulting:      *Start Up Phase*      *Marketing*      *Direct Marketing*      *PR*  
*Web Site Design*      *Graphic Design*      *Other:*

Coaching:      *Individuals*      *Small Business Owners*      *Corporate Clients*

**Please Read**

*I have reviewed the Client Agreement and wish to become a T.I.M.E. Client. I certify that the information provided is true, correct and complete to the best of my knowledge. I also acknowledge that, should any of the above information provided prove to be false or misrepresented, my application may be rejected. I also authorize the Arizona Small Business Association to verify all of the information as allowed by law. I understand that as a Client in this program I agree not to (a) solicit my business services during the 4-month relationship with the Mentor and (b) condone illegal activity. I agree to hold in confidence all sensitive material.*

X

Client's Signature

Today's Date

**Please return to:**

Arizona Small Business Association  
Attention: Kristen Lopez  
4130 E. Van Buren St., Ste. 150  
Phoenix, AZ 85008  
Fax: (602) 265-3681 Phone: (602) 931-4100

