

ANSB-Advisory Network for Small Business

APPLICATION

We are accepting applications on a rolling basis

Date of application:

Owner(s): Business Name:

Business Address:

City, State, Zip:

Phone:

Cell:

E-mail Address:

Web Address:

Qualification Questions:

Month/Year business founded:

Does the Applicant actively manage the business? Yes No

Number of employees (include applicant if applicable): Full Time Part Time

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 for this fiscal year \$ Budget for next fiscal year \$

Do you have bank loans and/or credit card debt that were used to finance your business? Yes (see below) No

If you answered yes to the above, how much is your total debt?

Are you able to take a salary and/or other personal expenditures out of the business? If so, how long have you been able to do that?

Is there anything the ANSB 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 ANSB Advisory Board before? Yes No

12. What frustrates you most about running your business?

13. What is your highest business priority and how do you see an Advisory Board being able to help you address that priority?

14. Have you participated in an SBA program such as SCORE or an SBDC? Or a business support program such as PIDC or Goldman Sachs 10,000 Small Businesses? If so, please state when and describe how your business benefited.

15. 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?

The information contained in this application is provided for the purpose of obtaining an unpaid Advisory Board through the ANSB - Advisory Network for Small Business Program. I understand that you are relying on the information provided herein in deciding to grant an Advisory Board, and therefore, I represent that the information provided is true and complete. I understand that, if accepted into the program, there will be an additional fee, based on annual revenues, payable to the ANSB - Advisory Network for Small Business.

Please confirm that you have read and understand the paragraph above, and that you agree with the fee schedule at the bottom of this agreement. **Indicate your confirmation by checking the box at right.**

Signature

EIN No.

Date

Please return completed application, attachments and application fee to the President of ANSB:

**Maria Baseggio
Sage Insights
350 Sentry Parkway
Building 670, Suite 100
Blue Bell, PA 19422**

Please include the following with your application:

- **Nonrefundable application fee of \$100 payable to ANSB - Advisory Network for Small Business (will be applied to Program Fee* if accepted)**
- **Financials for the most recent three years (P&L, Balance Sheet and Statement of Cash Flows) with the application. Financials must be submitted before the application will be considered.**
- **Financial projections (if available)**
- **Evidence of ownership**

***Program fee payable to ANSB - Advisory Network for Small Business should you be accepted to receive an ANSB Advisory Board:**

- **\$1200 for applicants with less than \$500,000 in annual revenue**
- **\$2000 for applicants of between \$500,000 and \$1 million**
- **\$3000 for applicants over \$1 million**