

WBC at Canisius College—Client Profile 2019-2020

I request business counseling or training service from the Women's Business Center (WBC) or a SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate WBC services. I permit WBC to use my name and address for surveys and information mailings regarding WBC services. I understand that any information disclosed will be held in strict confidence. (WBC or its resource partners will not provide your personal information to commercial entities.) I authorize WBC to furnish relevant information to the assigned management counselor(s)/trainer(s). I further understand that the counselor(s)/trainer(s) agree not to: 1) recommend goods or services from which he/she has an interest, and 2) accept fees or commissions developing from this counseling/training relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against WBC personnel, and that of its Resource Partners and host organizations, arising from this assistance. **Use of Information:** The information in this form is to be provided by individuals and business seeking technical assistance services from the WBC or SBA Resource Partner. The information is collected to help the WBC's continuing improvement of business counseling/training programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. The form should be submitted at the site providing the service. Resource Partners (i.e. the WBC) will submit information to SBA according to the terms of their notice of award.

Client Signature: _____ Date: _____

Please circle your responses. ***Denotes information Congress mandates we report to showcase economic impact in our community thanks to the funding from our federal government.**

- Race: American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White
- Ethnicity: Hispanic or Latino Not Hispanic or Latino
- Gender: Female Male
- Do you consider yourself a person with a disability? Yes No
- Veteran Status: Non-Veteran Veteran Service-Disabled Veteran
- Military Status: Member of the Reserve or National Guard On Active Duty
- Referred by? (circle all that apply):
SBA District Lender Business Owner SBA Website SBDC USFAC SCORE
WBC Program VBOC USEAC Other Client Educational Institution
Chamber of Commerce Magazine/Newspaper Word of Mouth
Television/Radio Canisius College Graduate Local Economic Development Official
Internet (please indicate website) _____
Other (specify) _____

8.*Are you currently in business? Yes No (if No, skip to #22)

9. If yes, are you currently exporting? Yes No

10. Name of Business : _____

11. Type of Business: (choose primary category)

Mining	Manufacturing	Real Estate & Rental & Leasing	Management of Companies & Enterprises
Utilities	Finance & Insurance	Health Care & Social Assistance	Agriculture, Forestry, Fishing & Hunting
Information	Wholesale Trade	Accommodation & Food Services	Administrative & Support
Construction	Public Administration	Arts, Entertainment & Recreation	Waste Management & Remediation Services
Retail Trade	Educational Service	Transportation & Warehousing	Other Services (except Public Administration)
			Professional, Scientific & Technical

12. Business Ownership: What percentage of business ownership do you have on the business? _____%
What percentage of your business is male or female owned? _____% Male _____% Female

13.*Date of Business Started? (MM/YYYY) _____ 14. Do you conduct business online? Yes No

15. Are you a home based business? Yes No 16. Are you 8(a) certified? Yes No

17.*Total No. of Employees: #Full-time _____ #Part-time _____

18. Of total employees, how many are engaged in the exporting aspect of your business? _____

19.*For your most recent full business year, what were your:
Gross Revenues/Sales \$ _____ +Profit/-Losses over prior year \$ _____

20. Amount of your Gross Revenues Sales related to exporting \$ _____

21. What is the legal entity of your business? Sole Proprietorship S-Corporation Corporation
LLC Partnership Other (specify) _____

22. What is the nature of counseling/training you are seeking? (choose primary category)

Start-up Assistance (How do I start a small business)	Human Resources/Managing Employees	Marketing/Sales (promotion, market research, pricing, etc.)	Technology/Computers
Business Plan	Customer Relations	Government Contracting (including certifications)	eCommerce (using the Internet to do business)
Financing/Capital (such as applying for a loan, building equity capital)	Business Accounting/Budget	Franchising	Legal Issues (such as, Should I incorporate?)
Managing a Business	Cash Flow Management Tax Planning	Buy/Sell Business	International Trade

Describe specific assistance requested here _____

FOR OFFICE USE ONLY: Type of service ___ Face to Face ___ Telephone ___ Email

Science Hall | 2001 Main St. | Buffalo, NY 14208 | <https://thewomensbusinesscenter.com/>

**WOMEN'S
BUSINESS
CENTER**
AT CANISIUS COLLEGE

Women's Business Center

Canisius College
Science Hall
2001 Main Street
Buffalo, NY 14208
Phone: 716-888-8280
Fax: 716-888-8284
wbcinfo@canisius.edu

Hours of Operation:
Monday-Friday
8:30 a.m. - 5:00 p.m.
Please inquire about our evening programs

Women's Business Center:
The home of women entrepreneurship—empowering entrepreneurs to succeed through education, connections and community.

POWERED BY



U.S. Small Business Administration

Funded in part through a Cooperative Agreement with the U.S. Small Business Administration



Membership Application 2019-2020

WOMEN'S BUSINESS CENTER

AT CANISIUS COLLEGE

Name (person completing the form/representative of the business)		Industry		
Address (give business address if currently in business)	City	State	Zip +4	
Primary Phone	Secondary Phone	FAX	E-mail	

Please describe the current state of your business' development:

Long term vision for your business?

Top 3 business goals for this year/objectives for joining this program?

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Please answer the following if looking to join a program with a scholarship (Required for all Launch & Grow Advisory Group Participants):

Current Household Income Annually (circle):
 Under \$25,000 \$50,000-\$75,000 \$100,000-\$150,000
 \$25,000-\$50,000 \$75,000-\$100,000 Over \$150,000
 Current number of people in the household: _____

MEMBERSHIP OPTIONS (circle):

Advisory Groups:

Master \$750

Elevate \$750

Grow \$375 personal investment;
\$375 First Niagara Foundation scholarship

Launch \$125 personal investment;
\$500 First Niagara Foundation scholarship

E Network:

Erie County - Empowering You \$300

Niagara County \$300

WBC Alumni \$200

WBC Member Benefits

All Members receive added benefits beyond the programming they sign up for, including:

- ◆ Being a part of the WBC community—filled with inspiring and motivated women business owners
- ◆ Your business and contact information listed, with a searchable function, and mapped on our WBC website
- ◆ Opportunity to be paired with another member as an accountability partner
- ◆ Discount to attend or sponsor our Annual Ignite Awards Luncheon
- ◆ Opportunity to have your business successes, employment needs and events posted on the WBC social media sites
- ◆ Discounted fee to a 1 hour one-on-one business development consultation

APPLICATION PROCESS: Applications may be mailed, emailed or faxed to the WBC. Applications must be fully completed and signed by the candidate. Applications do not guarantee program admittance. In addition, telephone or in-person interviews will be conducted with all applicants to ensure program participation, readiness and accurate program placement.

Incomplete applications will not be considered. Applicants will be notified of their status after the interview is completed. At which time, your program fee is due or at the minimum, a \$50.00 non-refundable deposit/processing fee must be submitted to hold your seat in the program. Scan and email your completed application to: wbcinfo@canisius.edu

ATTENDANCE/PARTICIPATION: Attendance at your program sessions is expected. As we know “things come up” we encourage you to miss no more than (2) E Network or (3) Advisory Group sessions. Your business and your peers are counting on your participation. Your (mandatory) September class will be a joint, with all other groups' members, and elongated class.

REFUND POLICY: Full payment is required prior to your first session. No refunds are given 10 business days or less prior to when the program begins and throughout the full program. Refunds will be provided above 10 business days prior to the start of a program, minus the following administrative cancellation fee.

\$25 for programs priced between \$0 - \$199

\$50 for programs priced between \$200 - \$499

\$75 for programs priced between \$500 or over

Cancellations must be received in writing. Participant substitutes from the same company are permitted.

Note: With this application you acknowledge that throughout your membership, the WBC may use pictures with



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