BUSINESS MENTOR NY SM

Real world guidance from real business professionals

Application for Small Business Owner (Mentee)

[1] Name:	[2] Title:
[3] Company(s):	
[4] Address:	
[5] City, State and Zip:	[6] County:
[7] Telephone:	[8] Cell:
[9] Email:	[10] Fax:
[11] Languages Spoken:	[12] Preferred Method of Contact:
[13] Company Website: http://	[14] Year Incorporated:
[15] How was your business impacted by Hurricanes Sandy, Irene or Lee (if applicable)?	
[16] Business State: ☐ Pre Launch ☐ Start-Up ☐ Early Stage ☐ Expansion ☐ Mature	
[17] No. of Employees:	[18] Total Revenue (last fiscal year): $
[19] Industry:	
[20] Provide a brief summary of your business and its services and products:	

[21] Check mark up to three mentorship services that you are most interested in:

☐ Strategic/Business Planning	☐ Human Resources/ Staffing	☐ Finance & Accounting	☐ Sales & Marketing
☐ IT & Communications	☐ Sourcing/Process Management	☐ Import/Export	☐ Credit Repair
☐ Legal/Compliance	☐ Fundraising	☐ Real Estate/Leasing	☐ Public Relations
☐ Licensing/ Government Contracting	☐ Architecture/ Engineering	☐ Insurance	☐ Other (fill in)

[22] List your top three objectives from a mentorship / business coaching arrangement:

1.

2.

3.

[23] How much time can you devote to this mentorship relationship? _____Hrs ☐ Weekly ☐ Monthly

[24] What days and times are most convenient?
M T W T F S S
☐ Morning ☐ Afternoon ☐ Evening

[25] Have you ever engaged in a formal business mentor relationship? ☐ Yes ☐ No

[26] If you answered yes to question 25, please describe your experience:

[27] Have you applied for a grant or loan from the Super Storm Sandy Financial Assistance Program?

[28] Are you a certified Minority- and Women-Owned Business Enterprise (MWBE) with New York State?
☐ Yes ☐ No

If you wish to become certified with New York State as a MWBE visit http://esd.ny.gov/MWBE/GetCertified.html or call (212) 803-2414

Optional Information

[29] Gender: ☐ Male ☐ Female

[30] Year Born:

[31] Race: ☐ Black ☐ Native American ☐ Hispanic ☐ Asian/Pacific ☐ Asian/Indian ☐ Non-Minority

[32] Country of Origin:

[33] Do You Have a Disability?
☐ Yes ☐ No ☐ Decline to Answer

[34] Size of Household:

[35] Annual Household Income:
$

[35] How did you hear about this program?

[36] **Enrollment Agreement:**

In connection with the services being provided, the New York State Urban Development Corporation d/b/a Empire State Development ("ESD"), the Housing Trust Fund Corporation ("HTFC"), and the New York State Small Business Development Center Network ("SBDC"), and their respective employees, directors, agents, successors or assigns, jointly and/or individually, expressly disclaim any warranties of any kind, whether express or implied, including but not limited to, the implied warranties of title, merchantability, fitness for a particular purpose and non-infringement.

You expressly understand and agree that ESD, HTC, SBDC, and their respective employees, directors, agents, successors or assigns, jointly and/or individually shall not be liable to you for any direct, punitive, indirect, incidental, special, consequential or exemplary damages, costs, losses or expenses in connection with the Program, and are hereby released and discharged from any liability thereunder.

You agree to indemnify and hold ESD, HTC, SBDC, and their respective employees, directors, agents, successors or assigns harmless from any loss, liability, claim or demand, including reasonable attorneys' fees, made by any third party in connection with the Program.

[37] Name in Print	
[38] Signature	[39] Date

Please include the following:

- Resume, if available (including, professional experience, education and relevant certifications/accreditations)
- Additional information you'd like to share (optional).

Please submit your application by email to bhoward@esd.ny.gov or fax to 212 803-3236. If you have any questions regarding your application, please contact Benjamin Howard-Cooper at (212) 803-3258.

Print Form