



Date: _____

Application for African American Business Development Program (AABDP)

Company / Organization Information

Company / Organization Name: _____

Company Representative Position: _____

Company Representative Name: _____

Certifications: ___ MBE ___ SBE ___ WBE ___ 8 (A) ___ EDGE

Business / Organization Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____ Email: _____

What is your preferred mailing address? Work ___ Home ___

Industry: _____ Years in Business: _____ Number of Employees: _____

Do you have a Business Plan? Yes ___ No ___

Do you use any accounting software? Yes ___ No ___ if so, what type: _____

What is the nature of the Business / organization?

Do you have an attorney? Yes ___ No ___

Do you have an accountant? Yes ___ No ___

Financial Statements: ___ Company Prepared ___ Compilation ___ Audited

Personal Data

Home Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Fax Number: _____

Email: _____



Submit your Application to:
3458 Reading Road
Cincinnati, OH 45229

| Office (513) 487-1155 | Fax (513) 487-1084 | email: charris@ulgso.org

Note: Information below is to be completed by the company if second individual is applying for the program.

Home Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Fax Number: _____

Email: _____

I understand the purposes of the AABDP, and if I became a participant, I will devote the time and energy necessary to make it a successful experience.

Candidate's Signature

Date

Please Complete this Questionnaire

1. What do you consider your most important accomplishment to date? Why? What leadership role did you play?

2. What do you consider to be your company's most critical challenge and what do you think should be done about it?

3. Why should you be selected for the African American Business Development Program?

4. What outcomes do you expect to gain from this business development experience? List three (3) things in order of importance to you. Explain.

5. Would you be willing to provide updates regarding how your business is doing in upcoming years to track company growth, including revenue growth, number of employees, contracts received, funding received, etc.?



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6. What personal strengths, characteristics or capabilities will you bring to the experience that may be of value to the other participants? What would you like to learn from other business owners?

Attendance Requirements

All participants are expected to attend all sessions. Those who miss two (2) or more sessions will be denied graduation and asked to withdraw from the Program. Tuition will not be refunded. AABDP reserves the right to change the Program dates if required for the success of the Program. Current Program dates are indicated in Letter of Instructions.

Are you willing and able to fulfill the required time commitment, including the two (2) hours of one on one coaching per month?

Yes _____ No _____

Out of class assignments will be required as part of the class participation, which will require an additional time commitment. Are you willing and able to contribute the time needed to fulfill this assignment?

Yes _____ No _____

Tuition

Tuition of each participant is \$1,500.00 and \$900.00 for second individual from the same company. Full tuition for accepted candidates will be due prior to the completion of the Program.

Please indicate how you plan to pay your tuition (if combination, indicate amounts):

Payment Options

- Cash _____
- Check _____
- Money Order _____
- Credit Card _____

I understand the purpose of the African American Business Development Program, and if I am selected to be a participant, I will devote the time and energy necessary to make it a successful experience.

Candidate's Signature

Date



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Thank you for your interest in applying for African American Business Development Program (AABDP). Please feel free to call if you have any questions, comments and/or concerns that are not addressed in this application package.

Charolette D. Harris, Program Manager

3458 Reading Road
Cincinnati, OH 45229

| Office (513) 487-1155 | email: charris@ulgso.org

FOR OFFICE USE ONLY

Indicate enclosures: Fully completed application ____ Incomplete application ____ Scholarship Awarded ____

Program Manager Signature

Date