



CALL FOR PROTÉGÉ APPLICATIONS

THE KNOXVILLE CHAMBER IS CURRENTLY SEEKING PROTÉGÉS FOR ITS PROPEL MENTOR/PROTÉGÉ PROGRAM.

To formally apply to be a Protégé please complete the application along with any supporting documentation. Applications are due by Monday, January 9th, 2012. If accepted, you will be required to join the Knoxville Chamber by March 2, 2012. Please complete this application and email, fax(865-523-2071), or submit a handwritten application to: Doug Minter, Business Development Manager - dminter@knoxville-chamber.com - Knoxville Chamber, 17 Market Square #201, Knoxville,TN 37902

REQUIREMENTS

- Company must be located in Innovation Valley Region (Knox Blount, Roane, Tellico, Loudon, or Oak Ridge).
- Applicant must be the ultimate decision maker.
- Business must be in full operation for three or more years. (exceptions can be made if ownership can show applicable business experience)
- Business should be generating annual gross sales of \$100,000. (If the applying firm is a startup with no revenue the concept idea must show a strong potential for fast growth)
- Applicant must agree to provide detailed financial statements such as balance sheets, income statements, and/or business tax returns.
- Supply three business references that have known you in your current business capacity. .
- Include a one-page cover letter describing why you should be chosen and what specific objectives you wish to achieve in this program.

BENEFITS

- Feature article in 'Commerce' section of the Business Journal
- Recognition at the Pinnacle Awards
- Website promotion listing all Mentor/Protégé teams
- 1 Bright Ideas Coupon (\$25 Value)
- Knoxville Chamber Protégé Nametags
- Assigned to a Mentor from our Premier Partner membership

COST

- Annual Program Fee \$450 (Can be paid in two installments)
- Membership in the Knoxville Chamber at the Associate II level - \$450 - Due by March 2, 2012
- Total annual cost = \$900

PROTÉGÉ APPLICATION

Name: _____

Title: _____

Name of Business: _____

Type of Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Website, if any: _____

Business Email: _____

Business Phone: _____ Fax: _____

Home Phone: _____ Cell: _____

How did you hear about the Propel Mentor/Protégé Program? _____

Number of years in business: _____

Business size - Number of employees: Full Time _____ Part Time _____ Contractors _____

Annual volume of business last fiscal year: \$ _____ Year _____

Number of years in this company: _____ Number of years in current position: _____

- Certification:** Minority Business Enterprise(MBE) Women Business enterprise (WBE)
 Small Disadvantaged Business Enterprise(SDB) TDOT 8(a)
 State of Tennessee HUBzone National Minority Supplier Development Council
 Empowerment Zone SBA Veteran Airport Authority Service-Disabled Veteran

	Annual Revenue	# of Employees
2009	_____	_____
2010	_____	_____
2011	_____	_____

Applicants for the PROPEL Business Mentorship shall be asked to submit additional financial statements to validate information provided on this application. This review shall be conducted by an independent accounting firm and will remain confidential. Failure to comply may result in an incomplete application.

I understand that the signing of this application does not qualify my business as a participant in the PROPEL Business Mentorship. I understand that I must complete a presentation and submit required paperwork, which includes: three business references, financial statements, waivers, narratives, and an indemnification agreement. I also understand that timely payment of Chamber membership is required to remain in the program.

My business is located in the Innovation Valley region: Yes No

My business has never been and is not currently party to a lawsuit: Yes No

(Company)_____ has a current business plan.

If my business is not selected for this program, I understand that I am invited to maintain contact with the Chamber and Propel to learn about business development opportunities, information, training, and other available resources within the Innovation Valley Region.

Name: _____ Title: _____

Company: _____ Date: _____

PROTÉGÉ PROFILE OF BUSINESS

ALL APPLICATIONS MUST INCLUDE (3) BUSINESS REFERENCES

HISTORY OF BUSINESS:

Describe when and why you created your business: _____

How did you get started? _____

Are you the ultimate decision maker of the business? Yes No

What is your business structure? Sole Proprietership Partnership S corp C corp

Does your company have a Board of Directors? Yes No

Any specific comments related to revenue and profitability growth? _____

What are the three biggest mistakes you have made in business and what did you learn from each of them? (May be answered on separate page)

1) _____
Lessons Learned _____

2) _____
Lessons Learned _____

3) _____
Lessons Learned _____

PRODUCTS AND SERVICES

Why would customers purchase your products? _____

How do currently market and advertise your business? _____

What accomplishments have you achieved since starting your business? _____

As a leader of a business, in what areas do you need the most help to move your business forward? (May be answered on a separate page) _____

Please indicate whether the following area Strength (Denote by "S"), an aspect of the business that you Need help with (denote by "N"), an area you are Comfortable with that is not necessarily a strength or a need (denote by "C"), or not applicable (denote by "N/A"),. This information will be one component considered in matching you with a business mentor.

- | | |
|--|--------------------------------------|
| _____ Marketing and Advertising | _____ Operations and Production |
| _____ Accounting and Financial Management | _____ Management and Leadership |
| _____ Personnel and Staffing Issues | _____ Business Expansion |
| _____ Developing/Modifying a Business Plan | _____ Strategic Planning |
| _____ Managing Inventory | _____ Other Aspects (please specify) |

List any certifications, licenses, and or special skills related to your industry _____

Are you able to qualify for bonding for your industry? Yes No N/A

List professional memberships and community volunteer activities _____

Why would you like to participate in PROPEL Business Mentorship and what are your expectations? _____

How may we help if your company is not selected for the Mentorship? _____

What additional information about your business is important to us? _____

The information provided is true and factual as of (date): _____

Go to the following website: <http://www.animalinyou.com/test.php> and complete the short survey. Once completed please write which animal personality that was assigned to you. Your animal personality is: _____

Owner(s) signature: _____

The information provided on and with the application will be considered confidential and will be used only by the Knoxville Chamber. Submit application to Knoxville Chamber 17 Market Square Suite 201, Knoxville, Tn 37902-1405. Contact Doug Minter dminter@knoxvillechamber.com 865-637-4550 (Office) 865-389-3710 (Cell) 865-523-2071(fax)

