



Protégé Application

QUALIFICATIONS AND SUBMISSION GUIDELINES FOR BUSINESSES SEEKING MENTORS

- Company must be located in Innovation Valley Region (Knox, Blount, Roane, Tellico Plains, Loudon, Oak Ridge)
 - Applicant must be the ultimate decision maker
- Business must be in full operation for three years or more (exceptions can be made if ownership has 10 years or more in applicable experience)
 - Business should be generating sales of \$100,000 or more
- Applicant must agree to provide detailed financial statements such as balance sheets, income statements, and business tax returns.
- Supply three business references that have known you in business (include company name, contact name, address, telephone, email and fax numbers)
 - Include a cover letter describing any past or current mentor or mentee relationships and or experiences.
 - Provide a biography for business owner and company
- Write narrative of why you should be chosen and what specific objective you wish to achieve in this program
 - Provide picture of you as owner and picture of your business.
- Submit signed release of application information provided with this form
- Provide 6 copies of the completed Propel Mentorship Application for review
 - Pledge three year membership to Knoxville Chamber

Business Owner Protégé Application

Name: _____

Title: _____

Name of business: _____

Type of Business: _____

Business Address: _____

City _____ State _____ Zip _____

Web site, 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: _____ Year established _____

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

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

Product/Services _____

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 %Revenue Growth %Profitability Growth %Employee Growth

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 prop, Partnership, S corp, C corp)_____

Does your company have a Board of Directors? _____Yes _____No

What is the percentage of growth in your industry? Please note estimated percentage.

Local___% State___% National___%

Any specific comments related to revenue and profitability growth?_____

What are the three greatest 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 indicated whether the following area strength (Denote by “S”), and aspect of the business that you need help with (denote by “N”), and 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 Plan |
| _____ Managing inventory | _____ Other aspects requiring Help(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):_____

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)