

NYS Small Business Mentoring Network

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 Super Storm Sandy?	
[16] Business State: <input type="checkbox"/> Pre Launch <input type="checkbox"/> Start-Up <input type="checkbox"/> Early Stage <input type="checkbox"/> Expansion <input type="checkbox"/> Mature	
[17] No. of Employees:	[18] Total Revenue
[19] Industry:	(last fiscal year): _____
[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:	
<input type="checkbox"/> Strategic/Business Planning <input type="checkbox"/> Human Resources/ Staffing <input type="checkbox"/> Finance & Accounting <input type="checkbox"/> Sales & Marketing	
<input type="checkbox"/> IT & Communications <input type="checkbox"/> Sourcing/Process Management <input type="checkbox"/> Import/Export <input type="checkbox"/> Credit Repair	
<input type="checkbox"/> Legal/Compliance <input type="checkbox"/> Fundraising <input type="checkbox"/> Real Estate/Leasing <input type="checkbox"/> Public Relations	
<input type="checkbox"/> Licensing/ Government Contracting <input type="checkbox"/> Architecture/ Engineering <input type="checkbox"/> Insurance <input type="checkbox"/> Other (fill in)	
[22] List your top three objectives from a mentorship / business coaching arrangement:	
1.	
2.	
3.	

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 . If you have any questions regarding your application, please contact Benjamin Howard-Cooper at (212) 803-3258.