

FSBDC NETWORK/SBA SUCCESS STORY FORM

NOTE: Shaded Areas to be Filled in by SBA/SBDC

SBDC Name:		SBDC #:	
SBDC Business Analyst Name:		Client #:	
FL House District #:	FL Senate District #:	U.S. Congressional District #:	
Client Name:		CEO/Owner:	
Street Address:		# of Employees at Start FT/PT:	
City/State/Zip:		Current # of Employees FT/PT:	
Firm Telephone #:		Date Submitted:	
Firm Fax #:		Information Current as of:	

SBA Contact:		District Office: Jacksonville/Miami		Telephone:			
Clearances:	OIG	Date	OCRC	Date	District Director:		
					Date:		
Top-quality photos available:	Color	B&W	No	Broadcast-quality video available:	1"	3/4"	No

Information Release

Information requested on this form is gathered for inclusion in a database of companies that have succeeded with SBA/SBDC assistance. Information may be used in articles, public service announcements, education, speeches, etc. The more complete the information, the greater the chance of its being used. Furnishing the personal information requested on this form is voluntary and failure to provide it will not affect the use of the information provided, unless what is provided is insufficient. Commercial or financial information obtained which might be competitively harmful to your business will be kept confidential on request.

I hereby grant permission to the SBA/SBDC to use the information herein for public information and educational purposes.	I hereby grant permission to SBA/SBDC to use still photographs, audio and videotape and/or film of me, my business and its employees for public information and educational purposes.
Signature _____	Signature _____
Date _____	

Print or type name: _____

Title: _____

Address (if different from above): _____

About the Business

Sole proprietorship	Corporation	Partnership	Other (specify)
Handicapped	Woman	Veteran	Minority (specify)
Rural	Home-based	Family-owned	Husband/Wife
Former big business employee	Exporter	If exporting, what countries:	
The client:	Bought the business	Started the business	Inherited the business
If other, explain: _____			
The business is located in:	Leased-space	Owned-space	Other
If other, explain: _____			
The business provides employee:	Health-care benefits	Child care	Continuing ed./retraining
If other, explain: _____			

Type of SBA/SBDC Assistance

Assistance Program	Year	Amount of loan, type of assistance, etc.	# of Employees FT/PT		Dollar Amount of Sales	
			When asst'd	Now	When asst'd	Now

Client Success Story

Briefly tell your success story. Write a summary of the success story, no more than one page long. Include information on the following:

- Background information on how owner came to open/take over business
- Obstacles overcome
- Owner's business strengths
- Owner's professional experience
- Owner's educational background
- SBDC/SBA Involvement
- Specific counseling assistance received from SBDC (startup, sources of capital marketing/sales, procurement, accounting, financial analysis, inventory control, computer systems, international trade, personnel, etc.)
- SBDC Training Events Attended
- Other information pertinent to the story, local "hooks", points of interest, etc.
- Owner's volunteer experience/community involvement (may include the business if volunteerism is stressed with employee)

Start story here (may continue on back):

What would you say about the SBDC to a friend or business acquaintance?

SBDC Business Analyst

Please add any relevant information not addressed by client in the success story.

- Date client came to the SBDC
- Areas of counseling
- Human interest aspects
- Adverse business environment
- Logical transitions to the story
- Other relevant information