

# THE GAUNTLET

Virginia's Largest Business Program and Competition

## CONFIDENTIAL The GAUNTLET Application

The Advancement Foundation is a nonprofit organization that successfully leverages community resources to provide Entrepreneurs support, connection, and solid business planning.

The GAUNTLET is now Virginia's largest business program and competition. Businesses must start or expand in Roanoke County, Botetourt County, or the Alleghany Highlands.

**Entrepreneurs interested in enrolling in The GAUNTLET are required to submit the following application with a non-refundable \$20 application fee. Please submit only one application per business.**

<b>Start Date:</b> February 6, 2018 from 6:00 - 7:30 pm		
<b>Class Fee:</b> \$45.00 per month	due Feb. 6	\$45
	due Mar. 6	\$45
	due Apr. 3	\$45
<b>Competition Entry Fee:</b> \$100.00	due Apr. 17	\$100

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Name(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please fill out the General Business In-Take Form and submit with  
The GAUNTLET application.**

Contact Kathleen Carr, Director of Small Business Development at  
Kathleen@TheAdvancementFoundation.org  
540-283-706

TAF @ Roanoke County  
227 S. Pollard Street  
Vinton, VA 24179

TAF @ Botetourt County  
1 West Main Street  
Fincastle, VA 24090

TAF @ Alleghany Highlands  
1000 Dabney Drive Suite 658  
Clifton Forge, VA 24422

## Two options for class locations:

The Vinton War Memorial  
814 E Washington Ave., Vinton, VA 24179

Dabney S. Lancaster – McCarthy Hall, Room 424  
1000 Dabney Dr., Clifton Forge, VA 24422

## The GAUNTLET Calendar

<b>Date:</b>	<b>Day:</b>	<b>Time:</b>	<b>Topic:</b>
02/06/18	Tuesday	6:00 – 7:30 pm	Welcome
02/13/18	Tuesday	6:00 – 7:30 pm	Business Description
02/20/18	Tuesday	6:00 – 7:30 pm	Market Analysis
02/27/18	Tuesday	6:00 – 7:30 pm	SWOT and Feasibility
03/06/18	Tuesday	6:00 – 7:30 pm	Alliances and Partners
03/13/18	Tuesday	6:00 – 7:30 pm	Operations
03/20/18	Tuesday	6:00 – 7:30 pm	Budgeting and Cash Flow
03/27/18	Tuesday	6:00 – 7:30 pm	Sales and Customer Acquisition
04/03/18	Tuesday	6:00 – 7:30 pm	Community Resources
04/10/18	Tuesday	6:00 – 7:30 pm	Marketing
04/17/18	Tuesday	6:00 – 7:30 pm	Business Plans Due
04/18/18 – 04/24/18	Wednesday thru Tuesday	TBD	Business Plan Judging
04/26/18	Thursday	12:00 pm	Finalists Announced
04/30/18 – 05/04/18	Monday – Friday	TBD	Pitch Presentations
05/17/18	Thursday	6:30 – 9:00 pm	Award Ceremony

If you have concerns about attending classes, please contact Kathleen Carr.  
Kathleen@TheAdvancementFoundation.org  
540-283-7062

# ENTREPRENEURIAL ECOSYSTEM EXPANSION



*CONFIDENTIAL*

## BUSINESS DEVELOPMENT INTAKE FORM

**For more information: [Kathleen@TheAdvancementFoundation.org](mailto:Kathleen@TheAdvancementFoundation.org)**

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227 S. Pollard Street  
Vinton, VA 24179

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Clifton Forge, VA 24422

*Please answer each question to the best of your ability at this time.*

**Section A – General Information**

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(street) (city) (ST) (Zip)

**E-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**How did you hear about us?**

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> Newspaper      | <input type="checkbox"/> TV       | <input type="checkbox"/> Business License office    |
| <input type="checkbox"/> Website        | <input type="checkbox"/> A friend | <input type="checkbox"/> Small Business Dev. Center |
| <input type="checkbox"/> Chamber office | <input type="checkbox"/> Facebook | <input type="checkbox"/> Other: _____               |

**Reason for your visit today:**

\_\_\_\_\_

**Section B – Business Detail**

**Name of business:** \_\_\_\_\_

**Business and industry description:** \_\_\_\_\_

\_\_\_\_\_

**Are you currently in operation?** \_\_\_\_\_

**If so, how long?** \_\_\_\_\_ **If not, when do you plan on opening?** \_\_\_\_\_

**Why did you open/want to start your business?** \_\_\_\_\_

\_\_\_\_\_

**How long have you been working on this business?** \_\_\_\_\_

\_\_\_\_\_

**Primary products/services offered:** \_\_\_\_\_

\_\_\_\_\_

**Where is your business located?** \_\_\_\_\_

**If you have storefront space or office, do you rent or own?** \_\_\_\_\_

**Target market for your business:** \_\_\_\_\_

\_\_\_\_\_

**Relevant education/work/experience/training related to business:** \_\_\_\_\_

\_\_\_\_\_

**What assets (money, raw materials, equipment, etc.) can you currently invest in the business?** \_\_\_\_\_

\_\_\_\_\_

**How many hours per week are you willing and able to commit to your business?** \_\_\_\_\_

\_\_\_\_\_

**What would success look like for your business?** \_\_\_\_\_

\_\_\_\_\_

**What elements of starting/operating a small business do you need help with? (Check all that apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Writing a business plan   | <input type="checkbox"/> Legal structure setup | <input type="checkbox"/> Credit repair                |
| <input type="checkbox"/> Determining startup costs | <input type="checkbox"/> Social Media          | <input type="checkbox"/> Building savings             |
| <input type="checkbox"/> Market research           | <input type="checkbox"/> Licensing             | <input type="checkbox"/> Product/service development  |
| <input type="checkbox"/> Taxation                  | <input type="checkbox"/> Marketing plan        | <input type="checkbox"/> Budget/financial projections |
| <input type="checkbox"/> Management                | <input type="checkbox"/> Accounting            | <input type="checkbox"/> Securing finances            |
| <input type="checkbox"/> Finding a mentor          | <input type="checkbox"/> Insurance             | <input type="checkbox"/> Other: _____                 |

**Section C - 360° Evaluation**

**This tool is designed to help the staff build a personalized program that will have lasting impact on your success. Be realistic about your skills!**

**For each of the following circle the answer that most accurately describes your abilities:**

<i>Money management skills</i>	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
<i>Time management skills</i>	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
<i>Running a business</i>	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
<i>Problem solving ability</i>	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
<i>People /social skills</i>	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
<i>Credit score/history</i>	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
<i>Sales</i>	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
<i>Marketing</i>	POOR	FAIR	AVERAGE	GOOD	EXCELLENT

For each of the following questions, please check YES or NO:	YES	NO
1. Are you committed to doing whatever it takes to start a business?		
2. Are you a self-starter and self-motivated?		
3. Do you like to be challenged and find new ways to do things?		
4. Can you work independent of someone giving you directions?		
5. Do you consider yourself honest and ethical, and will you treat customers the same way?		
6. Do you get along well with different personalities?		
7. Are you good at solving problems?		
8. Are you good at managing people and projects?		
9. Are you creative?		
10. Can you make timely decisions?		
11. Are you emotionally and physically capable of working long hours?		
12. Are you good at managing your time?		
13. Are you well organized?		
14. Do you have the support of your family to make the necessary sacrifices?		
15. Are you willing to put in the necessary time and energy?		
16. Are you willing to make the financial sacrifices of putting your assets at risk and being the last one to be paid?		
17. Are you good at multi-tasking?		
18. Do you have the background and knowledge to operate this business?		
19. Do you understand what your strengths and weaknesses are?		
20. Have you worked in the type of business you are interested in starting?		
21. Are you willing to take the extra steps to improve the knowledge areas that you are lacking?		
22. Do you possess general business skills?		
23. Are you good at managing money?		
24. Are you a good salesperson so you can sell your business to others?		
25. Do you enjoy networking or speaking about your business to others?		
26. Are you good at public speaking and making presentations?		
27. Are you willing to do any job needed (to include taking out trash, cleaning bathrooms, etc.)?		
28. Are you able to overcome discouragement when things do not go right?		
29. Can you handle stress?		
30. Do you have a mentor or advisor you can turn to for help whenever you need it?		
31. Do you know what your personal goals are and do they align with your business goals?		
32. Do you have a written business plan?		
33. Do you have good credit?		
34. Do you have the assets available to start the business and are you willing to risk those funds?		
35. Are the conditions right in your life and in the economy to start a business?		
36. Do you have a plan for meeting your personal living expenses until the business is profitable?		

[1] Adapted from Roanoke SBDC's *Entrepreneur Guidebook*, page 34

## Section D - Demographics

### Status:

Work full time                       Work part time  
 Full time business owner         Retired  
 Disabled                                 Veteran

**Rate personal credit position:**    Poor        Below Average        Average        Above Average        Great

### Race:

White/Caucasian                       African American                       Asian                       Other  
 Native American                       Hispanic                                       I choose not to answer

### Educational background:

Below 8<sup>th</sup> Grade                       High School Diploma                       GED  
 2-Year College Degree                       4-Year College Degree                       Beyond Bachelors  
 Masters                                       Doctorate                                       Vocational (specify) \_\_\_\_\_

### Regarding education (check all that apply):

I never liked school                       I liked school  
 I could have done better in school         I would enjoy going back to school  
 I had a job while in high school         I have a learning disability

### Household demographic profile:

Number of children living in household: \_\_\_\_\_                      Age(s) of children: \_\_\_\_\_  
Number of adults living in household: \_\_\_\_\_                      Ages(s) of adults: \_\_\_\_\_

### Work status of other adults in household:

Disabled                       Part-time                       Full-time                       Retired

**Household income:**     Less than \$25,000                       \$26-\$45,000                       \$46-\$55,000  
    \$56-\$74,000                                       \$75-\$100,000                                       More than \$100,000

**Home ownership:**     Own a home                                       Rent

## Section E - Other Resources

### Are you interested in learning about other programs available? (Check all that apply)

Home Buying                                       Life Coaching  
 Volunteer Opportunities                       Virginia Individual Development Accounts  
 Financial Peace University