

Early Education
Small Business Program
APPLICATION



Please complete and return this application by either:
EMAIL: earlyeducationbusiness@gmail.com or
MAIL: Lauren Small, Early Education Business Consultants, LLC
1704 Lanckfield Mews, Virginia Beach, VA 23455

Participant (s) Name and Title: _____

Center Name: _____

Center's Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ Cell Phone: _____

Email: _____ Can you receive text messages? _____

Preferred method of communication for class and appointment reminders: _____

Are you able to attend Saturday morning trainings? Yes or No

Website Address: _____

YOUR CENTER: So that we might better meet your needs, please tell us your:

Hours of Care: _____ Total Capacity: _____

Current Enrollment: _____ Infants Enrolled: _____ Before-/After-School Children Enrolled: _____

Current Number of Employees (Including Owner/Director): _____

Number of Employees Who Left in the Last 12 Months: _____

Date Business Established (MM/YYYY): _____

Revenues in Last Full Business Year: _____

Number of Children Receiving DSS Reimbursed Childcare: _____



Things to Know About My Business:

I currently have a computerized accounting system in place.

- Yes
- No

If yes, the name of the system is:

I have a logo that is current and is used on a consistent basis.

- Yes
- No

MEMORANDUM OF UNDERSTANDING

I understand the scope of the Small Business Development Center Program and would like to be considered as an applicant. I am willing and able to:

Attend and participate in a **9-session training course**, which will meet monthly September 2016 thru May 2017 for 3 hours at the TCC Joint Use Library. These sessions will cover small business management topics, human resource management, marketing, and financial management and will include presentations from subject matter experts, if appropriate. If unable to attend a session, I will follow up with the Small Business Consultant regarding missed material;

Complete a "best practices" review using the **Program Administration Scale** with the Small Business Consultant. The assessment will be completed twice (prior to the start of the program, and again when the program is completed) **to show improvement of best practices.** I understand that results will be kept confidential. A copy of the book will be provided to me at no cost;

Meet with the Small Business Consultant in one-on-one meetings at mutually convenient times through the duration of the program;

Challenge myself as a business owner to improve business practices, marketing activities and profitability of my center; and

Develop or improve my center's strategic business plan, including a projected budget.

In return, I will be provided with:

Customized mentoring and consulting from a Small Business Consultant and expert in the areas of small business management, early education best practices, human resources, marketing, accounting, record keeping and budgeting;

Development or improvement of logo and brand identity;

Improvement of web presence, including web site, and social networking

Financial review and access to an expert in QuickBooks;

Complete confidentiality of information shared with the Business Consultant; and

Resources, including the Program Administration Scale.

I understand that continued participation is necessary to receive services and incentives of this city-funded program.

Signature and Title _____

Print Name _____

Date _____

