

Small Business Mentorship Program



The Program provides tailored business mentoring from area university and business leaders to selected Small, Women- and/or Minority-owned businesses.

CORE BUSINESS AREAS

The program is free and will offer mentoring within the following core business sectors:

- HUMAN RESOURCES
- INFORMATION TECHNOLOGY
- FINANCE
- MARKETING

PROGRAM SPECIFICATIONS

To qualify applicants must provide two years of business tax returns and submit the completed application (reverse side). As part of the application process companies will be required to convey the specific challenges that are being experienced within the aforementioned core business areas. Applications will be reviewed on a monthly basis by the Program Administration Panel, at which time businesses will be selected to participate. Response to this program is expected to be overwhelming and very competitive; please submit applications promptly.

Mentoring will be provided in one of the four core business sectors mentioned above. Selected



businesses will receive assistance through one of the following methods:

(a) **Project Specific Mentoring** – participants will be assigned a project mentor related to the specific business challenge as stated in their application.

(b) **Hands on Business Mentoring** – participants will have the opportunity to work with university faculty and/or local business owners.

(c) **Focus Group Training** – participants will receive one on one instruction from the program administration panel.

The maximum time allotted for this mentoring opportunity shall not exceed 90 days. Any additional requirements or arrangements with the program administration will have to be agreed upon by both the protégé and their respective mentor.

APPLICATION

Applicants must complete the application below and submit it to the Virginia Beach Department of Economic Development at ecdev@vbgov.com. The applications can be submitted online as well. All applications must be received 30 days prior to entering the program.

Applicant Name and Position _____

Company Name _____

Email _____ Phone _____

Type of Business _____

Number of Employees _____ Year Founded _____

Specific Business Consultation Area (*select the one that apply*)

- HUMAN RESOURCES
- INFORMATION TECHNOLOGY
- FINANCE
- MARKETING

Reason for Request (*challenges business has/is experiencing within particular area; previous actions to address challenges; expectation of how mentoring will assist your business*) _____

Please provide a one-page typed document which outlines your specific need.

I _____ request business counseling services from the City of Virginia Beach Department of Economic Development's (VBDED) Small Business Mentoring Program. I agree to cooperate should I be selected to participate in the mentorship program. I permit VBDED, its program partners and/or its agent use of my company name and address for VBDED surveys and information mailings regarding VBDED products and services. In consideration of the mentors furnishing management or technical assistance, I waive all claims against VBDED personnel, and that of its resource partners and host organizations, arising from this assistance.

Signature _____

Date _____