



QUALIFICATION CRITERIA:

- Principle place of business is in Pasco County.
- Founders must be committed to participate monthly and “take time out of their business to work on their business.”
- Founders must be willing to listen and learn from peers.
- Generate less than \$1 Million in annual revenue.

CORPORATE INFORMATION

Company: _____

Address: _____

Corporate Web Address: _____

Name: _____ Title: _____

Phone: _____ E-Mail: _____

Number of Full Time Employees: _____ Part Time _____

The goal of the program is to help Pasco based companies work more efficiently, become more strategic and create new job opportunities.

Please list the major products/service that you produce:

- a. _____
- b. _____
- c. _____

Is your company established? _____ If yes – when? _____

Number of year’s company has been in Pasco County: 1-5 6-10 11-20 20+

Primary Business Type: Manufacturing Distribution Processing Technology Construction
 Health/Human Performance Scientific/Research

What is your total annual **Pasco** payroll (excluding payroll taxes and benefits)? _____

Is the company: Veteran owned Woman owned Minority owned
 Shareholder owned Not Applicable

Number of Full Time Employees: _____ Number of Part Time Employees: _____

Please indicate, by percentage of sales, where your customers are located:

_____% Pasco _____% Florida _____% National _____% International (**should = 100%**)

What were your total gross sales from the most recent fiscal year? \$_____

When does your fiscal year begin? _____

During the past year, have your company's sales:

Increased Decreased Remained the Same

Do you perceive your market share to be: Increasing Decreasing Remaining the Same

Do you sell to the Federal Government or to a Prime Contractor of the Fed Gov? Yes No

CONFIDENTIALITY STATEMENT

Pursuant to Section 288.075 of the Florida Statutes, I hereby request that any information contained herein concerning our plans, intentions or interest to locate, relocate or expand any of our business activities in this State be treated confidentially.

Signature: _____ Date: _____