

Thank you for your interest in PowerLink. This confidential application will be used to evaluate your acceptance into the PowerLink program. This form is intended as a worksheet. Once the information has been gathered, please go to our website www.powerlink.org and enter your answers into the online application. If you have any questions, please contact PowerLink at (412) 431-4110.

Company: _____

Applicant Information:

Applicant Name and Title: _____ Year of Birth: _____

Address: _____ Website: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: () _____ Fax: () _____ Email: _____

Month/Year company founded: _____

% of company owned by applicant: _____

Month/Year applicant took ownership

(if different than founded): _____

Other owners: _____ Yes _____ No

If Yes, please list in chart.

	Other Owners:	Name:	% Ownership:
1.	__ Mr. __ Ms.		
2.	__ Mr. __ Ms.		
3.	__ Mr. __ Ms.		
4.	__ Mr. __ Ms.		
5.	__ Mr. __ Ms.		

Number of employees (including self): Full Time: _____ Part Time: _____ Sub-Contracted: _____

Financial Information:

Current FY (projected)

Prior 2 Years (actual)

Month current fiscal year begins: _____

	Amount	FY _____	FY _____
Revenue History:	\$	\$	\$
NI (net income + salary + any draws):	\$	\$	\$

Estimated Sales outside Southwestern PA for current year: _____ % OR \$ _____

Comments or questions regarding financial information (if any): _____

Other Information:

Have you applied to PowerLink before: Yes: _____ No: _____

Is the company a certified WBE: Yes: _____ No: _____

Does the company have a Board of Directors: Yes: _____ No: _____

Do you expect any significant change in the corporate ownership in the next 18 months: Yes: _____ No: _____

If yes, explain: _____

Number of Minority Employees: _____

Describe your company's products and services:

-
-
-

Describe your goals for the company:

-
-
-

What are the most pressing problems that your company faces today:

-
-
-

How did you hear about PowerLink:

Business Owner: ___ PowerLink Advisor: ___ PowerLink Board Member: ___ PowerLink Staff: ___
PowerLink Website: ___ Other Agency: ___ Brochure/Mailer: ___ Media: ___ Word of Mouth: ___
Other: _____ Name of reference (if applicable): _____

At this point in your growth, what about the PowerLink process appeals to you more than any other resources available to you:

What do you expect your company to gain from participating:

What industry is your company in: _____

A \$75 Application Fee is due at the time that the application is submitted. This fee will be applied toward the Program Fee upon acceptance.

Please call for information regarding the current Program Fee Schedule.