

MONTANA STATE UNIVERSITY			
JAKE JABS COLLEGE OF BUSINESS & ENTREPRENEURSHIP			
CLIENT PROJECT APPLICATION			
BUSINESS/ORGANIZATION CONTACT INFORMATION			
Company/Organization's Name:			
Owner/Manager's Name:			
Type of Business:/Organization	For Profit:	Not for Profit:	
Is this business/organization currently operational at this time, if not, when you expect to commence operations:			
Phone:		Fax:	
Email:		Web Site:	
Company address:			
City:		State:	ZIP Code:
Business/Organization Information			
Legal Form of Business/Organization:	Sole Proprietor:	Partnership:	LLC:
C Corp:	S Corp:	How long n Operation:	
# Of employees:	Full Time:	Part Time:	
Current Business Plan:	Yes	No	Can you provide a copy if needed?
Do you have regular Income Statements and Balance Sheets?			
What are the principal products and services your business/organization provides:			
What is the trade area for your business?			
What do you consider as your main competitive strength?			
What do you consider as your main competitive weakness?			
What do you consider to be the single most important challenge facing your organization at this time?			

In which areas are you seeking assistance? Please list any that may apply for this project, in priority of your needs:

Priority	Areas seeking assistance:	Priority	Areas seeking interest:
	Accounting		Social Networking
	Advertising/Sales Promotion		Budgeting
	Business Planning		Inventory Management/Control
	Marketing/advertising		Office Management
	Logo/Brand Development		Operations Management
	Marketing material, brochures, pamphlets, POS items, etc.		Personnel Management
	Customer Service		Financial Management
	Pricing Research		Compensation/Incentives
	Social Networking		Personnel Manuals
	Web Site Development		Policy Manuals
	Computer Application		Work Flow Processes
	Feasibility Study		Credit & Collections

Please explain in more detail below what the project(s) is that you would like to have assistance with from a student team. In addition, please list more than one project, in order of priority, in the event the team completes their work on an initial project early, and would have additional projects to consider, time permitting:

- 1.)
- 2.)
- 3.)

What results do you expect from this student consulting project?

If accepted as a client for a project, will you be willing to:

1. Meet with the student team a minimum of bi-weekly (*weekly meetings are highly encouraged*) or more often if needed, during the semester to discuss the project in a free and open manner. (*Can be arranged to be a tele-conference meeting*)
You additionally agree to attend a final end of project briefing held on campus by the student team assigned to your project at the end of the term.

(Please initial) Yes _____ ***No*** _____

2. Provide balance sheets, income statements, consulting reports and business/marketing plans that relate to the project as needed, in a timely manner as requested by the student team?*(if items requested are needed for the project . All proprietary information will be maintained in a strict confidential manner.*

Print name: _____

Position: _____

Signature: _____/Date: _____

Additional Comments about your proposed project, and/or business needs:

Please email, Fax or mail this completed form to:

Gary Bishop
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