

MONTANA STATE UNIVERSITY
JAKE JABS COLLEGE OF BUSINESS & ENTREPRENEURSHIP
CLIENT PROJECT APPLICATION, FALL 2018

BUSINESS/ORGANIZATION CONTACT INFORMATION

Company/Organization's Name:

Owner/Manager's Name:

Business Organization: For Profit Not For Profit

Is this business/organization currently operational at this time? Yes No
 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 in Operation:

Of employees: Full Time: Part Time:

Current Business Plan: Yes No Can you provide a copy if needed?
 Yes No

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?

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		Personnel Manuals
	Social Networking		Policy Manuals
	Web Site Development		Work Flow Processes

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 Check) 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.*

(Please Check) Yes ***No***

Print name: _____

Position: _____

Signature: _____/Date: _____

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

Please email, Fax or mail this completed form to:

Linda Ward
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