## **2014 SBA Emerging Leaders Program Referral**

First Name	Last Name
Company Name	
Company Address	
Work Phone	Cell Phone
Email	Website
<b>Date Business Opened</b>	Percentage ownership
# of employees (including ov	vners) FT PT Contract
<b>Business Description</b>	Annual Revenues
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	SBA Emerging Leaders Program
· ·	* \$400,000 of annual revenues * Commit to participation in at least 12 of 13 Sessions.
	* Commit to submitting 4 growth plan updates and presenting to the panel of experts at the final session.
Classes meet 1 evening per week ever	ry other week for 13 sessions starting April/May 2014
	ss Development Center to submit this information merging Leaders Program
Sig	nature and Date

Email Completed forms to Carmen Sunda <a href="mailto:csunda@lsbdc.org">csunda@lsbdc.org</a> or call 504-831-3730.