

## Capital One Diverse Supplier Mentoring Program

## **Applicant Information**

Company Name: Date:
Address: City, ST and Zip:
Participant's Name:
Phone:
<u>Email</u>
Referring Organization
MWBE Category African American Asian American Hispanic American
Indian/Pacific Islander Native AmericanWomenLGBT Other
% Ownership 50% 51-66% 67-100%
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Brief Company Background and Services/Products Offered
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Please rank 1-3 (1 being your first choice) which area is of most interest to you:
Brand/Communications: How a business communicates with others, share its values, and
shows its impact Data: How a business analyzes and uses information collected to assess and evaluate the busines
nd its work. Design: How a business creates and plans services, products, and experiences for customers.
Finance: How a business creates and plans services, products, and experiences for customers.  Finance: How a business handles daily and long-term monetary operations, strategy, and resource evelopment.
Legal: How a business prevents and handles legal issues.  Operations: How a business initiates, plans, and carries out business and day-to-day asks.
Strategy: How a business identifies strategies that will best enable the dvancement of its mission.
Technology: How a business uses technology to support its mission, work, and reporting.
Additional Questions to assist us during the pre-selection process:  1. How long have you been in business?
<b>a</b> . Less than one year $\square$
b. 2-5 Years □
C. 6-10 Years □
<b>d</b> . More than 10 Years $\square$
2. What is your gross revenue?
<b>a.</b> Less than \$100K $\square$
b. \$100k- \$ 1.0 Million □
C. Greater than \$1 Million $\square$
3. How many employees do you have?
<b>a</b> . Less than 5 $\square$
b. 6-10 □
C. 11- 25 □
<b>d</b> . Greater than 25 $\square$
4. How many customers do you have?
<b>a</b> . Less than 15 $\square$
b. 16-30 □
C. More than 30 $\square$

Please return completed application to: fill in with your contact info]