**SWOT Analysis Program**

WRMSDC’s mission is to support the growth and welfare of minority communities by championing the use of minority-owned businesses in Northern California, Nevada and Hawai’i. To execute our mission, we employ four pillars: **certify**, **develop**, **connect** and **advocate**. Under the “develop” pillar is our SWOT Analysis Program, which is conducted by Incito Consulting Group, one of our certified MBEs.

To participate in this program, a representative from your organization must provide evidence of completion for one of the following (or similar) foundation of good business prerequisite courses: Keller, Anderson, Tuck, Dale Carnegie or Excellence in Leadership.

Please review the steps below.

**Step 1**

**Declare interest** - Complete the SWOT Intake Form then submit, via email, to develop@wrmsdc.org

**Step 2**

**Schedule your analysis** – An Incito representative will call your designated point of contact to schedule the analysis.

**Note:** participants are required to pay a scheduling fee+ which will be refunded upon completion of the analysis.

**Step 3**

**Participate in the analysis** – An Incito representative will spend 8 hours onsite with your team, at your facility, to discuss and record your organization’s perceived strengths, opportunities, weaknesses and threats.

**Note:** organizations must provide the Incito representative with clean and functional workspace.

**Step 4**

**Receive –** Within two weeks of analysis you’ll receive the results and certificate of completion via email, in addition to your refunded scheduling fee.

+ Scheduling Fee: Class I - $200; Class II - $350; Class III & IV - $500

**Refund Policy:** Upon completion of the analysis a check made payable to your organization, totaling the amount paid for the scheduling fee, will be sent via USPS to the address provided on the SWOT Intake Form.

**Cancellation Policy**: By scheduling an appointment, your organization agrees to honor the appointment by being prepared, at the designated time the Incito representative arrives at your office. We understand that plans can change, if there is a need to change or cancel, please do so at least 14 days prior to the appointment or the scheduling fee will be forfeited.

SWOT

**SWOT**

**Intake Form**

**Company Information**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Class Number\*:** \_\_\_\_\_\_\_\_\_\_

**Point of Contact**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pre-Requisite Course**

\_\_\_\_\_\_ **Core Foundation of Good Business**

 Provide Institution’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ **WRMSDC’s Excellence in Leadership Series**

\_\_\_\_\_\_ **Other**

Provide Institution’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By submitting this form, you agree that you understand the scheduling fee, refund and cancellation policies.

\*Class number is determined by gross receipts of the previous year. Class I ($0 - $1 Mil), Class II ($1 - $10 Mil), Class III ($10 - $50 Mil), Class IV ($50 Mil +)