

Small Business Plan and Proposal for Assistance

Name:	Phone Number: Cell Phone:	Date:
Address:	City	State and Zip Code

Section A. General

1. What is the name of your business:			
2. Which form of business are you proposing?		Other type of Corporation _____	
Sole Proprietorship _____	Partnership _____	Franchise _____	If existing business, be prepared to show state registration and proof of business organization
3. Describe your business. What products or services do you intend to offer? Emphasize any unique appeal of your products or services.			
4. Do you have or do you plan to have any employees or contractors working for you? If so, how many and briefly describe their job functions.			
5. Why do you want to be self-employed?			
6. List your monthly sources and amounts of income.			
7. What is your monthly income goal after expenses for your business?			
8. What are your monthly personal expenses?			
Rent/Mortgage	\$	Out of pocket medical	\$
Utilities (Gas and Electric)	\$	Clothing	\$
Water/Trash	\$	Auto – gas	\$
Food	\$	Auto – insurance	\$
Telephone	\$	Auto – maintenance	\$
Cell phone	\$	Personal items	\$
Internet	\$	Entertainment	\$
Cable/Satellite TV	\$	Other (pets, hobbies)	\$
Medical Insurance	\$	Credit Cards	\$
Life Insurance	\$	Loans	\$
Other	\$	Other	\$
Total this column		Total this column	
	\$		\$

TOTAL personal expenses (both columns): \$ _____

Section B. Education and Training

1. What education or training have you had? High School Completed Yes No	School or college name	Course or program		Dates attended	Completed Yes No
					Yes No
					Yes No
					Yes No
2. List your work experiences – Employers		From	To	Job title or responsibilities	
3. Briefly describe experience or training you have in:					
Business administration		Personnel Administration			
Sales and marketing		Office Management			
Accounting or Bookkeeping		Other business skill			

Section C. Customers and Marketing

1. List three to five past, current, or potential customers who have expressed an interest or intent to use your product or services.
2. List three additional potential customers who you would like to contact but have not to this point.

3. To what segment of the population is your small business targeted? Who will most likely be your primary customer?		
Men or women?	Where do they live?	What need will your product or service fill?
What ages?	Where do they purchase?	When do they need your product or service?
Income level?	Other characteristics?	How much do they usually spend for your kind of product or service?
What are your customers looking for?	Other	Other
4. How do you know your product or service will be needed or desired? What have you done to find out the answer to this question?		
5. How will you promote your business? How will potential customers learn about your product or service?		
Networking – How?	Flyers/Brochures – How will you distribute them?	
Print Advertising – Which publication and why that one?	Business cards – How will you use them?	
Yellow pages	Internet Advertising – How?	
Radio/TV Advertising – Where and why?	Other?	

6. List the names and locations of three of your competitors. List one strength and one weakness for each. Use the reverse of this sheet if needed.		
Competitor 1. Name	Competitor 2. Name	Competitor 3. Name
Location	Location	Location
One Strength	One Strength	One Strength
One Weakness	One Weakness	One Weakness
7. How do you compare with your competition? What will your strengths be? Explain		
Price	Quality	
Service (Responsiveness, flexibility, customer relations, follow-up)	Volume	
	Other	
8. Compared to your competition, what would your weaknesses be?		
Price	Quality	
Service (Responsiveness, flexibility, customer relations, follow-up)	Volume	
	Other	
9. What actual and potential risks will you have in starting your business and how will you deal with them?		
Effects of competition	Personal experience	
Funding	Ability	
Health	Other	

10. List prices for your products or services.
11. List typical prices from your competitors for similar products or services.
12. What is the address where you will conduct your business?
13. Where will you sell or deliver your products or services?

Section D

Start-Up Costs Business Assets

Start-up Costs

Below is a list of start-up costs that may apply to your business. Use this list as a guide to create your own list of start-up costs. Be sure to enter the cost under the column that shows DVR assistance is not requested or DVR assistance is requested. Use additional sheets as needed

City or County Business Registration Occupational License Anticipated legal fees Marketing – Advertising in print publications Marketing – Yellow pages Marketing – Business Cards Marketing – Flyers or brochures Marketing – Other Liability insurance or Bonding Rent or lease Bookkeeping Services	Professional/Trade Association Membership Insurance or Bonding Tools Equipment Initial Stock Supplies Training Work site modifications Special Assistive Devices Other
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Business Assets You are Contributing

Item	Estimated Fair Market Value
Total	

Section E. Income and Expense Projections.

Discuss your income and expense projections to include:

1. What would be a realistic income projection or goal for your first month in business (that is, the first month after you receive DVR assistance and you are able to generate income from your business)?
2. How many hours of service do you have to provide or how many of your products do you have to sell to meet your first month's income projection?
3. How many hours of service do you have to provide or how many of your products do you have to sell to meet business and personal expenses after DVR assistance ends?
4. How will you be able to increase your number of customers in order to increase your monthly business income?

Section F. Conclusions.

Briefly discuss the factors that you believe will make your business successful.

Attach any letters of intent or agreements from customers or potential customers to use your services or to purchase your products.