

### **Initial Assessment for Existing Businesses**

In order to make your upcoming counseling session more effective, please answer, **to the best of your ability**, the following questions. There are **no** right or wrong answers. Feel free to use additional paper if needed.

NOTE: All information provided to Community Futures Triple R will be confidential.

- Name(s) of Owner(s)

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- Give a brief history of your business. Also include any desired or anticipated changes.

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- Describe the primary products or services of your business.

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- Describe your current customers, including any major customers.

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- Describe any previously completed market research.

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- List and describe existing competitors. What are their strengths and weaknesses?

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- What are your businesses competitive advantages?

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- What are your current promotional strategies and methods?

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- What are the advantages or disadvantages of your current business location?

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- If available please provide copies of the following:
  - Your business year-end financial statements for the past three years.
  - Business tax returns for the past three years.

- What time frame do you feel you need to accomplish your goals?

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**Place a check mark in the blank which best describes you and key partners or managers in your company.**

	Adequate Knowledge	Assistance Needed	Training Needed
Accounting & Taxes			
Planning			
Organizing			
Financial Management			
People Management			
Personal Selling			
Marketing & Promotion			
Decision-making			
Cost Control			
Personnel Policies			
Pricing			
Other:			
Other:			
Other:			

- List any other resource organization you are currently working with or have worked with in the past two years.

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- Describe any other information you feel would be helpful to know.

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**If you will seek financing for your business, complete the “Summary of Estimated Money Needs” form.**

**Summary of Estimated Money Needs**

1. Land/ building	\$_____
2. Machinery/ equipment	\$_____
3. Furniture/ office equipment	\$_____
4. Inventory/ materials	\$_____
5. Consulting fees or miscellaneous expenses	
_____	\$_____
_____	\$_____
_____	\$_____
6. Anticipated operating cash required (Accounts receivable, marketing, financing, supplies, wages, utility deposit, or other)	
_____	\$_____
_____	\$_____
_____	\$_____
7. Total projected costs (add lines 1 thru 6)	\$_____
8. Amount of personal funds you plan to invest	\$_____
9. Amount invested by partners, stockholders or other investors	
_____	\$_____
_____	\$_____
10. Total Investment (line 8 = line 9)	\$_____
11. Balance of money needs to be financed (line 7 – line 10)	\$_____