

## Initial Assessment for Start-Up 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.

- Briefly describe your business idea.

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- Describe the type of business you have chosen (Sole Proprietorship, Partnership, Corporation) and the reasons why you selected this form.

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- Describe primary products or services you will offer.

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- Describe your potential customers.

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Describe any type of research conducted and/or any data you collected indicating your business idea is feasible.

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- List other existing business offering similar products or services.

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- What do you perceive to be the competitive advantage associated with your business idea? (For example: price, quality, service, location, etc.)

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- Have you considered a potential location? If so, where?

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- What promotional strategies or methods do you plan to use?

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

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- Describe any experience you or other key partners or managers have in operating a business.

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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			
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/ material	\$ _____
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)

\$ \_\_\_\_\_