

Date Received
Form# (rev 6/2016)

Business Development Questionnaire

Please complete this questionnaire as best as you are able. You may use additional sheets of paper if necessary. Send this complete questionnaire to the office most convenient to you. A list of locations and service areas may be viewed at: <https://www.georgiasbdc.org/locations/> After the questionnaire has been reviewed, you will be contacted to discuss your proposed business venture.

Name: _____ **Phone:** _____
Address: _____ **Zip Code** _____

I request business management counseling from the Small Business Development Center and the Small Business Administration. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBDC and SBA assistance services. I authorize SBA to furnish relevant information to the assigned management counselor(s) although I expect that information to be held in strict confidence by him/her. Furthermore, I understand that the counselor(s) assigned will treat all information and data received from me in complete confidence, to the extent permitted by applicable law.

I further understand that any counselor(s) has agreed not to: (1) recommend goods or services from sources in which he/she has an interest, and (2) accept fees or commissions developing from this counseling relationship. In consideration of SBDC's and SBA's furnishing management or technical assistance, I waive all claims against SBA personnel, SCORE, SBDC and its host organizations, SBI, USEAC, and other SBA Resource Counselors arising from this assistance.

 (Signature of Person Requesting Service) _____ (Date)

For office use only	Date Called	Initials
	Response	

Briefly describe the type of business you intend to start.

For office use only	Date Called	Initials
	Response	

Have you attended a workshop on how to start a business? ____ Yes ____ No

If "yes," who presented the how to start a business workshop?

____ Small Business Development Center

____ Other (please specify) _____

Marketing:

1. Describe in detail the products/services you will sell.
2. Why will customers want to buy your products/services? What is your competitive edge?
3. Describe the characteristics of your potential customers (such as age, income, location, attitudes, etc.).

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	Response	

4. How did you determine these customer characteristics? What sources of information did you use?

5. How will you reach customers and motivate them to buy?

6. List and describe your direct competition. How will you compare with them regarding price, quality, and service?

Management:

1. Describe your experience and knowledge that qualifies you to operate this business successfully.

2. Describe your management experiences.

3. Why have you chosen this business?

4. What are your goals for this business?

	First Year	Second Year	Third Year
Sales \$	_____	_____	_____
Profit \$	_____	_____	_____

5. What aspects of your personality will help ensure the success of the business?

6. Do you have all the skills needed to start and operate this business (marketing, financial, legal, taxes, etc.). If not, in what areas will you need assistance? (The worksheet on page 3 will help you to determine this information.)

BUSINESS SKILLS ASSESSMENT

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BUSINESS SKILLS AREA	Please X below what your status is for each skill				
	OK	Need Some Help	Really Need Help	Situation Critical	Comments
The Business Plan: Organization					
Inventory					
Cash Flow Management					
Market Analysis					
Competition Analysis					
Marketing Plan					
Price					
Customer Service					
Sales					
Management Organization					
Public Relations					
Compliance: Taxes					
Regulations					
Licensing					
Other: Knowledge of the Industry					
Business Location Analysis					
Managing Customer Credit & Collections					
Obtaining Technical Assistance					
Legal Issues					

Financial:

1. How much cash will be required to start this business? \$ _____
(The worksheet on page 5 will help you to determine this information.)

2. If you need additional money to start the business, estimate how much and where you might get it.

3. In the first year of operation, how much money from the business will you need for personal or family expenses?

4. Estimate the sales and expenses (by month) for the first year of operation (see attached worksheet).

5. How did you arrive at your monthly sales and expense figures?

6. When do you think this business will be profitable?

ESTIMATED CASH NEEDED TO START A BUSINESS

While organizing and gathering information for your business plan, you will also need to determine the estimated cash needed to start your business. Complete the following worksheet:

Estimate of monthly expenses based on sales of \$ _____ per year

Estimate of cash needed to start (multiply Column 1 by number of months anticipated to be non-profit months--6 months is the recommended number of months).

	COLUMN 1	COLUMN 2
1. Salary of owner-manager	_____	_____
2. All other salaries & wages	_____	_____
3. Rent:		
(a) building	_____	_____
(b) equipment	_____	_____
4. Advertising	_____	_____
5. Delivery expense	_____	_____
6. Supplies	_____	_____
7. Telephone & telegraph	_____	_____
8. Other utilities	_____	_____
9. Insurance	_____	_____
10. Taxes, including social security	_____	_____
11. Interest	_____	_____
12. Maintenance	_____	_____
13. Legal & other professional fees	_____	_____
14. Miscellaneous	_____	_____
15. SUBTOTAL	_____	_____

STARTING COSTS YOU ONLY PAY ONCE:

16. Fixtures & equipment (get quotations from suppliers)	_____
17. Decorating & remodeling (quotations from contractor)	_____
18. Installation of fixtures/equipment (quotations from suppliers)	_____
19. Starting inventory (supplier can help estimate)	_____
20. Deposits with public utilities (check with utility companies)	_____
21. Legal & other professional fees (talk to a lawyer, CPA, etc.)	_____
22. Licenses & permits (check with city offices)	_____
23. Advertising & promotion for opening (estimate what you'll use)	_____
24. Accounts receivable (what is owed to you)	_____
25. Cash (working capital) (for unexpected expenses and reserve for loan principal payment)	_____
26. Other (make separate list, enter total in Column 2)	_____
 27. TOTAL ESTIMATED CASH NEEDED TO START (add Column 2)	_____

Human Resources:

1. What will be your human resources needs for the first year?

Second year?

2. What skills will your employees need?

3. How will your employees be paid (hourly, salary, commission)?

4. What benefits will you provide?

5. What are the costs associated with these benefits?

6. Will employees need special training? If so, is training readily available and at what cost?

7. What is the average salary of similar employees in the area?