



Initial Assessment for Existing Businesses

Owner(s) Name(s):

Business Name:

Legal form of business organization:

Business Address:

Business Phone Number:

Business Fax Number:

Type of Business:

Business Email:

Date started/purchased business:

SIC/NAIC Code:

Provide a brief history and description of your business in 25 words or less:

What anticipated changes do you plan to make within the next year?

What are your business strengths and weaknesses with respect to marketing?

What are your business strengths and weaknesses with respect to management?

What are your business strengths and weaknesses with respect to finance?

Is your business's cash-flow positive? Yes No If no, why not?

List all products or services you offer your customers:

Describe your current customers including any major customers:

List and describe current competitors, including their strengths and weaknesses:

What is your business's competitive advantage?

Place a check mark in the blanks that best describes you and key partners or managers in your company:

	Adequate Knowledge	Counseling Needed	Training Needed
Accounting and Bookkeeping			
Computer Experience			
Financial Management			
Marketing and Promotion			
Operations			
People Management			
Personnel Policies			
Planning			
Pricing			
Sales			
Tax			
Other:			
Other:			

Do you need financing for your business? __No __Yes

If yes, please please provide a copy of your credit report. If you don't have a credit report, please order one from one of the three national credit bureaus listed. <http://www.experian.com> (888-397-3742; <http://www.transunion.com> (800-888-4213); <http://www.equifax.com> (800-685-1111)

Describe your credit history (also indicate the credit history of any partners):

- _____ Excellent
- _____ Good, past issues have been corrected.
- _____ Fair, I need to take care of some issues.
- _____ Poor
- _____ Don't Know

Have you had a personal or business bankruptcy in the past 5 years? No Yes If yes, why?

Have you been or are any other organizations or resources currently assisting you? No Yes

Please provide copies of your year-end financial statements for the past two years.

Please provide copies of your current financial statements.

Please provide copies of your business tax returns for the past two years.

Please provide a copy of your credit report if you need financing for your business.



Initial Assessment for Start-up Businesses

Name(s): _____ **Date:** _____

Address: _____

Type of Business: _____ **Email Address:** _____

Business Name: (If finalized) _____

Day Time Phone Number: _____ **Evening Phone Number:** _____

In order to make your upcoming counseling session more effective, please answer all of the following questions, to the best of your ability. There are **no** right or wrong answers.

Note: All information provided to the KSBDC is confidential.

How will owning and operating a business help you achieve your personal goals?

Describe your business idea in 25 words or less (please print or type):

Have you determined if there is a market (customer need and base) for your idea? __ No __ Yes

List all products or services you plan to offer your customers.

List any items (equipment, inventory, building, land, etc.) you own that may be used in your business.

What legal form of business organization do you intend to utilize?

_____ Sole Proprietorship	_____ Limited Liability Company
_____ Partnership	_____ Limited Liability Partnership
_____ Corporation	_____ Unknown
_____ Subchapter S Corporation	

Why are you selecting this legal form of business organization?

When do you plan to open your business?

Describe any experience you or other members of your management team have in operating a business or the specific industry in which you will function:

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

	Adequate Knowledge	Counseling Needed	Training Needed
Accounting and Bookkeeping			
Computer Experience			
Financial Management			
Marketing and Promotion			
Operations			
People Management			
Personnel Policies			
Planning			
Pricing			
Sales			
Taxes			
Other:			
Other:			

Describe your credit history (also indicate the credit history of any partners):

- Excellent**
 Good, past issues have been corrected.
 Fair, I need to take care of some issues.
 Poor
 Don't Know

Have you obtained and reviewed your credit report recently? ___ No ___ Yes
If no, please order a credit report from one of the three national credit bureaus listed.
<http://www.experian.com> (888-397-3742); <http://www.transunion.com> (800-888-4213);
<http://www.equifax.com> (800-685-1111)

Have you had a bankruptcy in the past 5 years? ___ No ___ Yes If yes why?

Have you been to or are any other organizations or resources currently assisting you?
___ No ___ Yes If yes, please list the other organizations or resources.

Will you need financing to start your business? ___ No ___ Yes
If yes, please complete the enclosed Summary of Money needs form to the best of your ability and provide a copy of your credit report. Please note, most lenders will require you contribute approximately 20-30% cash