

Assessment & Business Development Questionnaire
Northeast Texas Small Business Development Center
105 N Riddle Avenue, Mt. Pleasant, TX 75455
903-434-8237
www.northeastTXsbdc.org

Name: _____ **Date:** _____

Email: _____ **Phone:** _____

Signature: _____

In order that the Northeast Texas SBDC may provide the best and most efficient service possible, please complete this questionnaire as best you can. You may use additional sheets, if necessary. After the questionnaire has been completed, you may schedule an appointment to discuss your proposed business venture. If, in the course of our discussion, we determine that we are unable to address your specific needs, we will facilitate referral to another small business assistance resource that may be better suited to assist you. If you need help with this questionnaire, please contact our office at the number above.

Please circle your answer.

1. Did someone refer you to the SBDC? Yes ____ No ____
If yes, please tell us who referred you. _____
2. Have you attended a workshop on how to start a business? Yes ____ No ____
If yes, who presented the workshop? _____
3. Why do you want to start a business? _____

Background and Business Plans:

4. What is your current occupation? _____
5. Have you ever owned a business before? Yes ____ No ____
If yes, how many years? _____
6. Have you ever managed a business before? Yes ____ No ____
If yes, how many years? _____
7. What type of business do you want to start and what are the main products or services you would sell?

8. Have you ever worked, or are you currently working in, the industry? Yes ____ No ____
If yes, for how long? _____
9. When do you plan to start the business (month, year)? _____

10. Have you chosen a business name? Yes _____ No _____
11. Have you registered the name of your business? Yes _____ No _____
If yes, which structure did you choose? _____
12. Do you have questions regarding licensing or requirements? Yes _____ No _____
13. Will the business be home based? Yes _____ No _____
14. Do you have a business plan? Yes _____ No _____
15. Name your strongest competitors:
1. _____
2. _____
3. _____
- a. How will you compare with your strongest competitors regarding price, quality, and service? _____

- b. Why will customers want to buy your products/services? _____

- c. What is your competitive advantage? _____

16. Have you identified your target market? Yes _____ No _____
17. Do you plan to contract with local and federal government agencies?
Yes _____ No _____ Not Sure _____
18. Do you plan to export? Yes _____ No _____ Not Sure _____
19. Do you have an accountant? Yes _____ No _____
20. Do you have an attorney? Yes _____ No _____
21. Do you need to hire employees for your business? Yes _____ No _____
If yes, how many in the first year (estimate)? _____ Full-time _____ Part-time

Financing the Business:

22. What do you have to invest (estimate)? Money: \$_____ Assets: \$_____
23. Where will the money to finance the start-up come from (please estimate amount by category)?
- | | |
|-----------------------|---|
| Cash/Savings: \$_____ | Money from Home Equity: \$_____ |
| Bank Loans: \$_____ | Money from retirement accounts: \$_____ |
| Investors: \$_____ | Friends/Relatives: \$_____ |
24. If you will need a loan, do you have a specific lender in mind? Yes____ No ____
If yes, please provide the name of the lender: _____
25. Do you have collateral for a loan (real estate, inventory, equipment, vehicle, CDs, stock)?
Yes ____ No ____
If yes, please identify type(s) of collateral: _____
26. How would you rate your personal credit history?
Excellent ____ Good ____ Satisfactory ____ Less than satisfactory ____
27. Do you know your credit score? Yes ____ No ____ Score (best guess) _____
28. Do you have a copy of your credit history report dated within the last year? Yes ____ No ____
29. Have you ever filed bankruptcy? Yes ____ No ____
If yes, have you filed bankruptcy within the past ten (10) years? Yes ____ No ____
30. Have you ever defaulted on a student loan? Yes ____ No ____
31. Have you ever been convicted of a felony? Yes ____ No ____
32. Do you currently have any judgments or unpaid taxes? Yes ____ No ____
If yes, please comment below on each judgment or unpaid taxes.
33. How much cash will be required to start this business? \$_____
(Note: the worksheet on page 4 of this questionnaire will help you to determine this information.)
34. In the first year of operation, how much money from the business will you need for personal or family expenses? \$_____
35. Will you have an alternate source of income? Yes ____ No ____
36. Estimate the sales and expenses (by month) for the first year of operation (see attached worksheet on page 4).
37. How did you arrive at your monthly sales and expenses figures? _____
38. 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:

A. OPERATING COSTS:

	ESTIMATED Monthly Expenses	ESTIMATE of cash needed to start (multiply Column 1 by the number of months anticipated to be non-profit months – 6 months is the recommended number of months.
	Column 1	Column 2
Salary of owner-manager		
Other salaries & wages		
Rent (building and/or equipment)		
Advertising		
Supplies		
Telephone		
Utilities		
Insurance		
Taxes, including SS		
Loan repayment		
Maintenance		
Legal and professional fees		
Miscellaneous		
SUB-TOTAL: COLUMN A		

B. STARTING COSTS YOU ONLY PAY ONCE

Fixtures & equipment (get quotations from suppliers)	
Decorating and remodeling (quotations from contractors)	
Installation of fixtures & equipment	
Starting inventory (supplier can help estimate)	
Deposits with public utilities (check with utility companies)	
Legal & other fees (talk with lawyer/accountant etc)	
License and permits (check with state and local offices)	
Advertising and promotion for opening	
Cash (working capital) for unexpected expenses & reserve for loan payment	
Other (make a separate list and enter total in Column 2)	
SUBTOTAL: COLUMN B	
GRAND TOTAL: COLUMNS A2 & B	

BUSINESS SKILLS ASSESSMENT

BUSINESS SKILLS AREAS	OK	Need Some Help	Really Need Help	Comments
The Business Plan: Organization				
Financial Analysis				
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 Customers, Credit and Collections				
Obtaining Technical Assistance				
Legal Issues				