

| С | Client First Name: Client Last Name: | | | | |
|----|---|--|--|--|--|
| | Executive Summary | | | | |
| 1. | My company name will be | | | | |
| 2. | My business purpose is | | | | |
| 3. | I plan to organize my company as (Corporation, Partnership, LLC, Coop, other) | | | | |
| 4. | I have been in business since or plan on starting on | | | | |
| 5. | Manager(s) of the company will be | | | | |
| 6. | My experience as an owner is | | | | |
| 7. | Products and Services The products or services I sell are | | | | |
| 8. | The research I've done for my business has been | | | | |
| | | | | | |



The Industry, Competition, and Market

| 9. | I consider my competition to be |
|-----|---|
| 10. | How I will measure against the competition: |
| 11. | My local competitors are |
| 12. | My regional competitors are |
| 13. | My national competitors are |
| 14. | Some of the trends I see in my industry are |
| 15. | Some potential areas I see for growth are |
| 16. | My typical customers have these characteristics in common |
| | |



Marketing Plan

Marketing should address the four P's (Product, Price, Placement and Promotion) 17. My product or service is ______ 18. My pricing is, or I determine it by ______ 19. The places I will sell my product or service are ______ 20. I will promote my product or service by ______ 21. My competitive advantage is (why buy from me?) 22. I will distribute my product or service by ______ 23. My use of advertising will consist of _____ 24. I will get feedback from my customers by ______



Operating Plan

| 25. | 5. The location of my facility is | | |
|-----|--|--|--|
| 26. | My experience with my product or service is | | |
| 27. | I will be involved with the business by completing the following duties: | | |
| 28. | Any special equipment I need for my business would include | | |
| 29. | If I need to hire new employees, I will need to hire these new positions: | | |
| 30. | I will schedule by (prepare and attach a work schedule with wages/positions) | | |
| 31. | I will provide the following benefits to my employees: | | |
| 32. | I will recruit my employees by or from | | |
| 33. | My suppliers and vendors are | | |
| | | | |



| 34. | Changes I am considering for the business (if purchasing an existing business): |
|-----|---|
| 35. | Management and Ownership The owners of my company are |
| 36. | Their resumes are attached |
| 37. | My attorney is |
| 38. | My accountant is |
| 39. | Other professionals that I will use are |
| 40. | SWOT Analysis The strengths of my business are (internal characteristics) |
| 41. | The weaknesses of my business are (internal characteristics) |
| 42. | I see the following opportunities for my business (external characteristics) |
| 43. | I see the following threats (challenges) for my business (external characteristics) |



Financials

| 44. | The assumptions I am using to create my financials come from |
|-----|--|
| 45. | The collateral I can use for financing includes: |
| 46. | My credit history is |
| 47. | My credit score is |
| | (www.freescoreonline.com; www.creditsesame.com; www.freecreditscore.com) |
| 48. | If I am short of money for my project, I can get more from |
| 49. | My bank is, or the banks I would like to work with are |
| 50. | My Contact Details |
| | Name: |
| | Address: |
| | Phone: |
| | Email address: |



Every company has different start-up costs depending on their business model. This section of the document is intended to guide you through the costs associated with start-up. Not everything will apply to your business model. Fill in what is relevant! The rest we can discuss at your appointment.

| If you are building a new property, you will have: |
|--|
| Land: |
| Building: |
| Signage: |
| If you are purchasing an existing property, you may have: |
| Building: |
| Renovations: |
| Signage: |
| If you are renting, you may have: |
| Renovations: |
| Signage: |
| In all cases, the following may be part of your start-up expenses: |
| Equipment (business): |
| Equipment (office): |
| Furniture: |
| Fixtures (storage shelves, displays, etc.): |
| Initial Inventory: |
| Cost to organize: |
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- Registration with ND Secretary of State
- Business formation (consultation with an attorney if needed)
- Marketing
 - 1. Logo development
 - 2. Website
 - 3. Business cards
 - 4. Initial marketing campaign



| Training (Do you have training for any staff prior to opening? If so list all costs associated with |
|--|
| training): |
| Professional liability insurance (one year's premium costs): |
| You will have ongoing operating expenses for your business. Think through the following and provide information where you can. Bring your back-up calculations to your first meeting. |
| Revenues (this is always the toughest to think through!): |
| What are you selling (typical product/service)? |
| How many are you selling per month/week/day? |
| What is the average cost of the product/service you are selling? |
| The devil is in the details – list as many revenue sources as you feel you need to adequately understand how money comes into your business. |
| Cost of Goods Sold – this applies to some businesses – not all. If you are reselling and have inventory typically that is your costs of goods. Bring to your appointment any information you have or what the product will cost you to purchase and what you will then sell it for – we can calculate the COGS for you. If you have industry averages or any historical information, bring that as well. |
| |



| Expenses (you may need to obtain quotes – complete as much as you can and we can work with you | | |
|--|---|--|
| o identify what else we will need): | | |
| | _ | |
| | _ | |
| | _ | |
| | | |
| Employee Wages (we recommend you do a schedule and list positions with the hours worked and | | |
| ate of pay for each as supporting documentation): | _ | |
| | _ | |
| | _ | |
| | | |
| Supplies: | | |
| Maintenance (building, equipment or vehicles): | | |
| Advertising: | | |
| | | |
| Car/Travel: | _ | |
| Accounting/Legal: | | |
| Rent: | | |
| elephone/Internet: | _ | |
| Jtilities – Gas: | | |
| Electricity: | | |
| Water: | | |
| Garbage: | | |
| Other: | | |



| Insurance: | Professional liability | | |
|-------------|--|---|--------------|
| | Automobile (if applicable) | | |
| | Building contents | | |
| | Key Man (if applicable) | | |
| | Disability or Health (if applicable) _ | | _ |
| | | | |
| Lease: | | | |
| | | | |
| Real Estate | e Taxes: | | |
| | | | |
| In the case | of a purchase - please bring the pa | st three years of profit and loss stateme | nts from the |

seller along with any changes you might consider.



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