

Business Plan/Project Questionnaire

CONFIDENTIAL

Client Name:

Date Submitted:

Company/ Project Name:

Sector:



**BUSINESS &
ENTREPRENEURSHIP
TRAINING CENTRE**

Cultivating your future business successes

BUSINESS PLAN QUESTIONNAIRE

For Loans, Grants and Stakeholders

1. ID Information

Name: _____

Company Name: _____

Address: _____

City: _____

Phone #: _____

Fax #: _____

Email: _____

2. Sources of Funds

Type of Financing? (Circle one) Loan Investment

Amount Needed: N\$ _____

How Much of Your Own Money Will You/Can you Invest? *(Many lenders require 20% to 35% of total start-up funding to come from own investments)*

3. Brief description of your business / business concept plan (why this business needs to be set up.

4. Key services/ functions you want to render:-

5. Uses of Funds

Purchase Land or Building	\$ _____
Purchase Computer Equipment	\$ _____
Purchase Office Equipment	\$ _____
Purchase of Other Equipment	\$ _____
Purchase of Vehicle(s)	\$ _____
Retirement of Current Debt	\$ _____
Purchase a Business	\$ _____
Purchase Inventory/stock	\$ _____
Leasehold Improvements	\$ _____
Working Capital	\$ _____

Working Capital: (many lenders recommend cash reserves equal to 3 months' operating expenses)

Other Start-up Expenses (explain):

6. Your Target Market

Who will be your target customers?

7. Your key monthly fees?

8. Marketing

What forms of marketing will you use? (Circle all that apply)

Print Advertising

TV Advertising

Radio Advertising

Outdoor Advertising

Internet Advertising

Personal Selling

Press Releases

On-Site Promotions

Direct Mail

Telemarketing

Brochures and Collateral Materials

If any other, please explain:

[illegible]

9. Costings of Products/ Services

Your estimated costing's:-

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10. Staffing

Provide the requested information about your projected staff. Include yourself and any co-owners who materially participate in the operation of the business and/or receive salaries or wages from the business. If your staff will include more than 10 people, provide information only for key management personnel.

<u>Position</u>	<u>Monthly Salary/Wage</u>

11. Ownership

<u>Owner/Co-Owner</u>	<u>% of Ownership</u>

Provide a resume or 2-3 paragraph work history for each owner who participates materially in the operation of the business.

12. Facilities

Briefly describe your location. Include address, name of shopping center or office complex and advantages of the location. Also include descriptions of any special equipment you may have.

13. Anything else

Anything else you want us to in operate in the business model or additional support.

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