



Assessment & Business Development Questionnaire

Grayson Small Business Development Center

6101 Grayson Drive, Denison, TX 75020

Phone: 903-463-8787

Facsimile: 903-415-2565

www.GraysonSBDC.org

PLEASE USE BLUE OR BLACK INK

Name:	Date:
Email:	Phone:
Signature:	

In order that the Grayson SBDC may provide the best and most efficient service possible, please complete this questionnaire as best you can. You may use additional sheets of paper, 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 agency 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 (or 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)	

BUSINESS SKILLS ASSESSMENT

BUSINESS SKILLS AREA	OK	NEED SOME HELP	REALLY NEED HELP	COMMENTS
The Business Plan Organization:				
Financial Analysis				
Loan Assistance				
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 Collection				
Obtaining Technical Assistance				
Legal issues				