



## Initial Assessment for Start-up Businesses

Your Name:

Your Address:

Type of Business:

Business Name: (If finalized)

Day Time Phone Number:

Date:

Email Address:

Evening Phone Number:

In order to make your upcoming counseling session more effective, please answer 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.*

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

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

\_\_\_\_\_ Sole Proprietorship

\_\_\_\_\_ Partnership

\_\_\_\_\_ Corporation

\_\_\_\_\_ Subchapter S Corporation

\_\_\_\_\_ Limited Liability Company

\_\_\_\_\_ Limited Liability Partnership

\_\_\_\_\_ Unknown

**Why are you selecting this legal form of business organization?**

**List all products or services you plan to offer your customers:**

**When do you plan to open your business?**

**Describe any experience you or other members of your management team have in operating a business:**

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

| <b>Business Knowledge</b>         | <b>Adequate Knowledge</b> | <b>Counseling Needed</b> | <b>Training Needed</b> |
|-----------------------------------|---------------------------|--------------------------|------------------------|
| <b>Accounting and Bookkeeping</b> |                           |                          |                        |
| <b>Computer Experience</b>        |                           |                          |                        |
| <b>Financial Management</b>       |                           |                          |                        |
| <b>Marketing and Promotion</b>    |                           |                          |                        |
| <b>Operations</b>                 |                           |                          |                        |
| <b>People Management</b>          |                           |                          |                        |
| <b>Personnel Policies</b>         |                           |                          |                        |
| <b>Planning</b>                   |                           |                          |                        |
| <b>Pricing</b>                    |                           |                          |                        |
| <b>Sales</b>                      |                           |                          |                        |
| <b>Taxes</b>                      |                           |                          |                        |
| <b>Other:</b>                     |                           |                          |                        |
| <b>Other:</b>                     |                           |                          |                        |

**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**

**Have you had a bankruptcy in the past 5 years? \_\_\_ No \_\_\_ Yes If yes, why?**

**Have you been or are other organizations or resources 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. Please note, most lenders will require you contribute approximately 25-30% cash.**