

Business Plan Worksheets

These worksheets have been developed to assist you in the development of your clients business plan. They are specifically designed to give to your client is an active participant in the planning process. They are designed to assist your client in identifying the gaps, and act as a preplanning process for the final writing of your clients business plan. If as your client is completing these worksheets and they find they do not have an answer for a question that is relevant to their business, they should leave it blank. It is an indication of an area in which you and your client will have to conduct additional research.

1. COMPANY OVERVIEW

Business Name			
Business Address			
Community		Territory	
Postal Code		E-mail	
Phone		Fax	

Date of Business Registration/Incorporation

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Territory of Incorporation

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Form of Business Ownership

Sole Proprietorship		Name	
Partnership		Name	
Limited Company		Signing Officers	
Cooperative		Name	

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Major Shareholders:

Name	Percentage	Name	Percentage

What is the classification of the business?

Retail		Construction	
Food		Manufacturing	
Tourism		Wholesale/distribution	
Service		Other (please explain)	

What is your involvement in this business?

Full-time		Part-time	
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Who is your legal counsel?

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Who is your accountant?

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What is the name and address of your bank?

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BUSINESS DESCRIPTION

Please provide a brief description of your business.

What is your experience in this business?

Please provide a brief description of the industry your business operates in.

What are the goals and objectives for your business?

Where will your business be located?

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Are there any advantages/disadvantages with your location?

PRODUCT/SERVICE

Please provide a description of all your products/services.

What makes your products/services unique?

What need does your product fill for your customer?

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Where will you obtain your products or supplies?

What research and development was undertaken or must be taken before your product is placed on the market?

Are there any regulations which will affect your product/service?

Does your products/services require any special packaging?

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Please provide a brief description of your pricing strategies?

Does your price cover costs?

Why will someone pay the price for your product?

MANAGEMENT AND OWNERSHIP STRUCTURE

Please list the key members of your management team along with the major roles and responsibilities.

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Please list the members of your board of directors.

Name	Position	Name	Position

Do you have an organizational chart for your business?

Yes		No	
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MARKET

Who exactly are your customers?

What are the key characteristics of your customers?

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What is the estimated size of your market in terms of territory types of customers, and price range?

What percent of the market do you or will you have? How did you come to that conclusion?

Who are your five direct competitors?

What are each of their strengths and weaknesses?

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In comparison to your competition, what are your strengths and weaknesses?

What makes you stand out from the competition?

What trends are currently happening in the marketplace that will affect your business?

What studies have you conducted and/or collected?

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What have you learned about your business from outside sources? (suppliers, banks, other business people, publications, etc.)

MARKETING

What are your marketing goals?

What promotional materials and/or brochures do you presently have to explain your product/service?

How will you inform your customers about your product/service?

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What form of advertising are you planning to use?

How much do you intend to spend on advertising? Do you know what your industry average expenditure is?

What types of promotional activities/materials are you planning on using?

How much do you intend to spend on promotional activities? What is the industry average?

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Why are you choosing these marketing approaches?

What type of image are you trying to convey to the users of your product/service?

How do you plan to sell and distribute your products/services?

What level of sales do you need to break-even?

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What is your sales and market share? How did you arrive at these figures?

OPERATIONAL PLAN

What are the hours of operation of your business?

How long does it take to get the product/service to the customer?

How will you service your product?

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How will you recruit your employees?

How will you train your employees? At what cost?

Will your employees be full-time or part-time? Why?

Do you have adequate insurance for your business? If yes, who. If no, why not?

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What filing and banking practices have you set up for your business?

Who are your suppliers? What are each of their terms?

How will you control your inventory?

How will you control your accounts payable and accounts receivable?

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What regulations, licenses, laws, taxes, and other legalities may affect your business?

Do you have any memberships in any business organizations, clubs, or other such organisations?

Please describe your facility and lease agreements you have made.

Will the building require any renovations? How much will the renovations cost?

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What types of equipment will your business need? At what cost?

Have you developed an implementation plan?

Yes		No	
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List the estimated dates for the acquisition of equipment.

FINANCIAL PLAN

If you are an existing business, do you have financial statements for the past three (3) to five (5) years?

Yes		No	
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What is the total expected cost to start, and to operate your business?

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Please provide a breakdown of your costs including working capital requirements?

Where do you expect to obtain the funds for your business?

Source of Funds	Item(s) Financed	Amount

Are you seeking a loan? How much?

Yes		Amount		No	
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How do you intend to pay back the loan?

What business and/or personal assets will be pledged as collateral?

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How do your projections compare to the industry norm?

Have you completed:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Pro Forma Cash Flow Statement
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Projected Balance and Income Statement
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Three Year Projections

Do you have a list of all capital equipment and furniture?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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What type of accounting system do you use?

What are your sales goals? Why?

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What are your short-term financial strategies?

What are your long-term financial strategies?

**What are the possible financial scenarios your business may face over the next three years?
What are the best case, worst case and most probable case for your business?**
