

Fill in the Blank Business Plan

С	lient 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
	Products and Services
7.	The products or services I sell are
8.	The research I've done for my business has been



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

The Industry, Competition, and Market

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 \_\_\_\_\_





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25.	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	l am considering fo	or the business (	if r	ourchasing a	an existinc	ubusiness):	
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	Management and Ownership
35.	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	am using to create my	financials come from	. <u></u>

45. The collateral I can use for financing includes:

46. My credit history is \_\_\_\_\_

- 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 Conta	nct Details
	Name:
	Address:
	Phone:
	Email address:



## Fill in the Blank Business Plan

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:
<ul> <li>Registration with ND Secretary of State</li> </ul>
- 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 on 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 mu	uch as you can and we can work with you
to identify what else we will need):	
Employee Wages (we recommend you do a schedule and lis	st positions with the hours worked and
rate of pay for each as supporting documentation):	
Supplies:	
Maintenance (building, equipment or vehicles):	
Advertising:	
Car/Travel:	
Accounting/Legal:	
Rent:	
Telephone/Internet:	
Utilities – 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 Taxes: \_\_\_\_\_

In the case of a purchase – please bring the past three years of profit and loss statements from the seller along with any changes you might consider.



**U.S. Small Business Administration** 

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