

Pre-Counseling Questionnaire

The following information will enable us to serve you more effectively and comply with the terms of our funding agencies. Please answer as many of the questions as you are able. All SBDC client information is always held in strict confidence.

NAME: _____ Date of Appointment: _____

1. What is your business or business idea? (i.e., major products/services sold or to be sold)

- 2 Starting Date of the business: _____ OR Planned Start Date: _____

- 3 Why do you think there is a need for your product or service?

- 4 Who are your customers? (i.e., age, gender, income, etc). Why will they want to buy your products/services?

- 5 Who are your competitors and what are their strengths and weaknesses?

6. What competitive edge do you have over your competition?

7. How are you going to promote your business? (i.e., coupons, mailings, press releases)

8. What experience or skills do you have that would help you to operate the business successfully?

9. What key challenges concerning your business/business idea do you want to address with the SBDC staff?

Check all that apply.

Start-Up/Business Acquisition

- Business Planning Financial Planning Sources of Capital
 Home-Based Business Franchising Legal Assistance
 Licensing and Registration

Accounting

- Tax Record Keeping Job Costing Systems Invoices & Accounts Payable

Finance

- Cash Flow Projections Financial Statement Analysis Business Valuation
 Business Expansion

Marketing and Sales

- Marketing Plan Market Analysis/Feasibility Study Advertising and Promotion
 Pricing Strategy Site Location

Operations Management

- Inventory Management Quality Management Purchasing
 Logistics and Transportation Facilities Management Distribution

Human Resources Management

- Recruitment Training Compensation Legal Guidelines
 Employee Manuals/Procedures Worker Safety

Other (Please specify) _____

FOR EXISTING BUSINESSES: (START-UP Businesses, please go to Question 13 on next page)

10. Please provide the following financial information for the business (estimates/approximations are fine):

\$ _____ Assets \$ _____ Liabilities \$ _____ Balance sheet net worth

This information reflects the situation as of _____ (*date*).

11. Please provide the following information for your most recent quarter or year.

\$ _____ Gross sales or receipts

\$ _____ Cost of goods sold

\$ _____ Operating expenses

\$ _____ Profit or loss

\$ _____ Total payroll (*as reported to VEC*)

\$ _____ Owner(s) compensation (*include fringe benefits*)

This information is for the ___ quarter / ___ year ending _____

12. If you need help financing the business, what is your estimate of the amount needed? _____

How would you describe your credit rating? ___ Poor ___ Fair ___ Good ___ Excellent

If you have filed for bankruptcy, in what year did you file? _____

Thank you. Please see the notes at the end of this form.

FOR START-UP Businesses:

13. Are you currently employed? If so, for whom do you work? What is your position?

14. Why have you decided to go into business? List your top three reasons.

1. _____

2. _____

3. _____

15. What is your estimate of how much it will cost to start the business? \$ _____

If financing will be needed, what is your estimate of the amount needed? \$ _____

How would you describe your credit rating? ___ Poor ___ Fair ___ Good ___ Excellent

If you have filed for bankruptcy, in what year did you file? _____

16. What equity/assets can you commit to the start up of the business?

17. How much experience do you have in the type of business you are starting?

___ Less than 1 year ___ 1 – 3 years ___ 3 – 5 years ___ More than 5 years

18. Education level of owner(s):

Major field of study

___ Not a high school graduate

___ High school graduate

___ Trade school graduate

___ College graduate

19. Age of owner(s):

___ Under 21 ___ 21 to 29 ___ 30 to 39 ___ 40 to 49 ___ 50 to 59 ___ 60 and over

Thank you. Please mail or fax this form, along with your Request for Counseling Form, to the SBDC office where you will be meeting your counselor. If time does not allow for this, please bring the completed form with you to your appointment.

You may attach relevant documents that will help us serve your needs. These might include financial statements (actual or pro-forma), completed or draft business plans, resumes of yourself and partners/officers, previous studies of your business or venture, literature, diagrams, photos, etc.

Contact your Shenandoah Valley Small Business Development Center office if you have any questions.