

Business Preparation Checklist

Date: ___ / ___ / 200__

Attach Business Card if available

Client Name: _____

Business Name: _____

Contact Ph: _____

Address: _____

Mobile Ph: _____

Email: _____

The purpose of this checklist is to help design an individualized assistance plan for a business and its owner(s) during their development efforts. Additional notes are recommended to capture any detailed information on specific topics.

General Interview Notes

Planned Start or Key Date(s): _____ **MBE** ___ **WBE** ___ **DBE** _____ **other** _____

Business Concept: _____

Target Customers: _____

Credit Condition: _____

Owner Qualifications: _____

Readiness Checks

1. Business Concept Feasibility Checks	Yes	No	2. Credit Condition Checks	Yes	No	3. Qualification Checks	Yes	No
Proven Business Idea	_____	_____	Bankruptcy within 7 yrs	_____	_____	Owner has Experience in Industry	_____	_____
Market Conditions Favorable	_____	_____	Civil Judgements	_____	_____	has Management Experience	_____	_____
Customers Identified	_____	_____	Active Collections	_____	_____	has Ownership Experience	_____	_____
Strong Owner Desire	_____	_____	Tax Liens	_____	_____	Owner willing to use advice & training	_____	_____
Owner Mentally/Physically Able	_____	_____	Payment History Good	_____	_____	Owner has family's personal support	_____	_____
Income Able to Support Owner	_____	_____	How Much Can You Invest?	_____	_____	MBE, WBE, DBE or other certification	_____	_____

Recommended Business Development Plan

Business Concept _____

Business Assistance: _____

Credit Assistance _____

Experience Building _____

Classes and Seminars: _____

Follow-up Meeting Schedule

Meeting 1: ___/___/200__ Time: _____

Meeting 2: ___/___/200__ Time: _____

Meeting 3: ___/___/200__ Time: _____