

Interviewer: _____

Business Readiness Interview Form

Date: ____ / ____ / 200__

Attach Business Card
if available

Client Name: _____

Business Name: _____

Contact Ph: _____

Address: _____

Mobile Ph: _____

Email: _____

The purpose of this form is to minimize repeated collection of basic client information when referring them to other TA resources. Additional pages of handwritten notes are recommended to capture more detailed information. Check here if client OK's sharing this info with other TA providers _____

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			2. Credit Condition Checks			3. Qualification Checks		
	Yes	No		Yes	No		Yes	No
Proven Business Idea	_____	_____	Bankrupcy 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's Capability	_____	_____	Payment History Good	_____	_____	Owner has family's personal support	_____	_____
Business Income Potential	_____	_____	Owner Equity/Cash \$	_____	_____	MBE, WBE, DBE or other certification	_____	_____
Business Plan	_____	_____						

Technical Assistance Referrals - OR - See Business Referral Sheet

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: _____