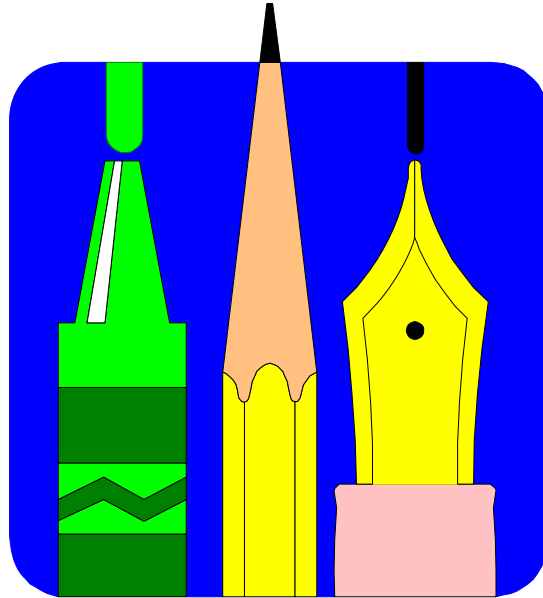


BUSINESS PLAN INVENTORY

A Business Planning Tool



**Iowa
Small Business
Development
Centers**

Eastern Iowa Small Business Development Center
Ann Hutchinson, Director
331 West Third Street, Davenport, IA 52801
563-336-3401
ahutchinson@eicc.edu

Background

Please List any education, training or work experience that is related to your proposed business:

1. Education:

2. Training:

3. Work Experience (3-5 years)

I. Project Budget Proposal

	<u>Amount</u>
<u>List of Project Costs (Use of Funds)</u>	
Purchase Real Estate & Closing Costs	\$ _____
Remodeling Costs	\$ _____
Machinery and Equipment	\$ _____
Furniture & Fixtures	\$ _____
Supplies	\$ _____
Inventory	\$ _____
Other	\$ _____
<u>Start Up Costs</u>	
Advertising	\$ _____
Rental Deposit	\$ _____
Utilities Deposits	\$ _____
Insurance	\$ _____
Professional Fees	\$ _____
Licenses and Permits	\$ _____
Other (_____)	\$ _____
Total	\$ _____
Working Capital	\$ _____
TOTAL PROJECT COSTS	\$ _____

Sources of Funds for Project

Business Owner's Cash Contribution	\$ _____
Bank Loan(s)	\$ _____
Other (_____)	\$ _____
Other (_____)	\$ _____
TOTAL SOURCES	\$ _____
	(Should equal total project costs)

II. Description of the Business

A. Explain your proposed business.

B. Indicate what type of business.

- | | |
|--------------|---------------------------|
| 1. Wholesale | 4. Manufacturing |
| 2. Retail | 5. Construction |
| 3. Service | 6. Other, (explain) _____ |

C. When will your business open?

D. Business Form

- | | |
|------------------------------|------------------|
| 1. Sole Proprietorship | 3. S Corporation |
| 2. Partnership | 4. C Corporation |
| 5. Limited Liability Company | |

E. If Partnership, "S" Corporation, or "C" Corporation, have formal arrangements been made?

If not, when will they be completed?

Who is your attorney?

F. What type of experience do you have in this business?

G. What are normal or proposed business hours?

VI. Competition

A. Who are your five nearest competitors? List by name and location.

- 1.
- 2.
- 3.
- 4.
- 5.

B. Describe your competition.

Is their business increasing, decreasing or stable?

What are their competitive strengths and weaknesses?

How will your business differ from theirs?

If you have been in a position to observe your competitors' operations, what have you learned?

C. How will your business be better than your competitors' business?

VIII. Personnel

- A. What are your current employment needs? In one year? In two years?

- B. What skills must they have?

- C. Are the people you need available?

- D. Will you have full-time or part-time employees?

- E. How will they be compensated? (Salary or Hourly rate?)

- F. Will you provide fringe benefits to employees?

- G. Will you be required to train employees? Explain time and cost commitments of the business to training activities.

IX. General Considerations

A. What kinds of insurance needs does your business have?

B. What is the estimated cost of insurance?

X. General Summary

A. List at least five (5) factors that are critical to the success of your business

1.

2.

3.

4.

5.

**PROJECTED INCOME STATEMENT
(PROFIT AND LOSS)**

ANNUAL

<u>SALES</u>	\$ _____
LESS: COST OF GOODS SOLD	\$ _____
GROSS PROFIT	\$ _____
<u>OPERATING EXPENSES</u>	
PAYROLL (EXCLUDING OWNER'S DRAW)	\$ _____
PAYROLL TAXES	\$ _____
ADVERTISING	\$ _____
CAR, DELIVERY, TRAVEL	\$ _____
DEPRECIATION	\$ _____
DUES AND SUBSCRIPTIONS	\$ _____
INSURANCE	\$ _____
LAUNDRY	\$ _____
LICENSES & BUSINESS TAXES	\$ _____
MAINTENANCE & REPAIRS	\$ _____
PROFESSIONAL FEES	\$ _____
RENT	\$ _____
SUPPLIES	\$ _____
TELEPHONE	\$ _____
UTILITIES	\$ _____
MISCELLANEOUS EXPENSE	\$ _____
TOTAL OPERATING EXPENSES	\$ _____
PROFIT OR (LOSS)	\$ _____