



Lincoln Land  
Community College

**SMALL BUSINESS DEVELOPMENT CENTER**

**BUSINESS PLAN WORKBOOK  
FOR:**

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**DEVELOPED BY:**

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## **PERSONAL DATA**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_

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Describe your business idea:

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## MARKET ANALYSIS

1. Describe the markets or markets you believe are not adequately served.  
What will your business bring to the marketplace that does not already exist?

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2. To whom will you be offering your products or services? The public or other businesses?

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3. How big is your potential market? How many potential customers/clients make up your market? Geographically, how big an area will you cover?

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4. If you are already in business, what share of the market do you have currently?  
As a start-up business, what share of the market is available in your first few months? Explain your answer.

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5. What is your potential for market share growth over the next few years?  
Explain your answer.

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6. Who are your major competitors? Where are they located?

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7. How do you plan to be similar to your competitors?

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8. How will you differ from your competitors? What will give you a competitive edge?

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9. What strengths and weaknesses do your competitors have?

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10. Identify and explain any advantages you will have over your competitors.

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11. Identify and explain any advantages you will have over your competitors in terms of:

- **products or services**

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- **pricing**

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- **business policies**

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- **any other special or industry specific advantages**

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## **Preliminary Business Description**

1. In an effort to make your business plan clear, direct and “to the point”, describe your business again – in 50 words or less.

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2. Describe related markets you do not intend to serve. That is, what services typically offered by similar businesses have you chosen not to include?

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3. Describe the roles you expect to play in your business.

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## **Organization and Personnel**

1. List all personnel you will need to operate your business (part-time and full-time) their titles and their duties.

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2. List and explain any professional services you will need in the operation of your business.

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3. Identify and explain any regulations, specific laws, or rules unique to your business. Are there any governmental agencies that may require your certification, registration, license, etc.?

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4. Draw an organizational chart of your business identifying the personnel structure – who reports to whom.

## **Business Policies**

1. What hours and days will you be open to the public?

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2. Describe key customer policies for:

- Credit

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- Service/Delivery

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- Returns

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- Contacts/others

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- Payment/collections

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- Other policies specific to your business or industry

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3. Describe key office and personnel policies for:

- Cash/Petty Cash

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- Checks/Accounts Payable

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- Receipts/Deposits

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- Compensation/Promotions

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- Days off/Holidays (paid/unpaid)

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- Benefits

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- Grievances

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- Training

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- Probation/Terminations

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- Any other policies relative to your specific business or industry

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## Office Organization

1. Describe your accounting/record keeping system. Who will be doing your books, using what system?

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2. How much inventory will you have? What? Where will it be kept?

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3. Draw or sketch a layout of your work area indicating workstations and traffic/work flow.

**Professional**

**Attorney representing the company:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Accountant representing the company:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

1. Describe your business as seen by the customer. What do you think their first impression of your business would be?

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2. How will you market your business? How will you let your customers know who you are, what you do, where you are, etc.?

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3. Which of the following have you considered using to get your message out?

<b>X</b>	<b>ITEM</b>	<b>COST</b>
<input type="checkbox"/>	<b>Business Cards</b>	<b>\$</b>
<input type="checkbox"/>	<b>Brochures</b>	
<input type="checkbox"/>	<b>Signs</b>	
<input type="checkbox"/>	<b>Promotions</b>	
<input type="checkbox"/>	<b>Yellow Pages</b>	
<input type="checkbox"/>	<b>Memberships</b>	
<input type="checkbox"/>	<b>Television Ads</b>	
<input type="checkbox"/>	<b>Radio</b>	
<input type="checkbox"/>	<b>Press Release</b>	
<input type="checkbox"/>	<b>Magazine Ads</b>	

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( ) **Trade Shows**

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( ) **Other (Specific)**

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Be sure to include the following items:

- 1) Resumes of each owner and member of management team.
- 2) A personal financial statement on each owner/partner.

## START UP COSTS

Whether you are starting a new business, moving to a new location, opening a new branch or expanding your business, you will have some “start-up” or **one-time** expenses. In all applications for such purposes, you should complete the appropriate items below.

1. Real Estate, Furniture, Fixtures, Machinery, Equipment:
  - a. Purchase Price (if paid with cash)\* \$ \_\_\_\_\_
  - b. Cash Down Payment (if purchase on contract) \$ \_\_\_\_\_
  - c. Transportation & Installation Costs \$ \_\_\_\_\_
2. Starting Inventory\* \$ \_\_\_\_\_
3. Remodeling, Electrical, construction, Renovation, Rehabilitation \$ \_\_\_\_\_
4. Deposits
  - a. Utilities \$ \_\_\_\_\_
  - b. Rents \$ \_\_\_\_\_
  - c. Other (Identify) \$ \_\_\_\_\_
5. Fees
  - a. Legal, Accounting, Other \$ \_\_\_\_\_
  - b. Licenses, Permits, etc. \$ \_\_\_\_\_
  - c. Other \$ \_\_\_\_\_
6. Initial Advertising Costs \$ \_\_\_\_\_
7. Accounts Receivable (\_\_\_\_ days sales) \$ \_\_\_\_\_
8. Salaries and Owners Drawn Until Open for Business \$ \_\_\_\_\_
9. Loan Closing Costs/Fee \$ \_\_\_\_\_
10. Other \$ \_\_\_\_\_

**TOTAL**

\$ \_\_\_\_\_

\*includes separate itemized list including item name and dollar amount





## COMPARATIVE BALANCE SHEET

	Year Ending	Year Ending	Year Ending
	<u>                    </u> ,20	<u>                    </u> ,20	<u>                    </u> ,20
<b>ASSETS</b>			
Current Assets:			
Cash			
Accounts Receivable			
Less Allowance for Doubtful Accounts			
Net Accounts Receivables			
Notes Receivable			
Inventory			
Other Current Assets			
Fixed Assets:			
Land			
Buildings			
Machinery & Equipment			
Office Furniture & Fixtures			
Other Fixed Assets			
Total			
Less Reserve for Depreciation			
Total Net Fixed Assets			
Other Assets			
<b>TOTAL ASSETS</b>			
<b>LIABILITIES AND NET WORTH</b>			
Current Liabilities:			
Accounts Payable			
Notes Payable-Current Portion			
Accrued Salaries			
Accrued Payroll Taxes & Deductions			
Other Current Liabilities			
TOTAL Current Liabilities			
Fixed Liabilities:			
Long Term Portion-Notes Payable			
Real Estate Mortgage			
Other Fixed Liabilities			
TOTAL Fixed Liabilities			
<b>TOTAL LIABILITIES</b>			
Net Worth			
Capital Stock			
Paid In Surplus			
TOTAL Net Worth			
<b>TOTAL Liabilities &amp; Net Worth</b>			

**COMPARATIVE PROFIT AND LOSS**

	Year Ending	Year Ending	Year Ending
	_____,20____	_____,20____	_____,20____
Gross Sales			
Less Cost of Goods Sold			
Gross Profit			
Expenses:			
Payroll – Office & Legal			
Accounting & Legal			
Advertising			
Depreciation			
Supplies			
Utilities			
Telephone			
Repair & Maintenance			
Interest			
Real Estate Taxes			
Payroll Taxes			
Insurance			
Loss for Bad Debts			
Travel & Entertainment			
Equipment Rental			
Rent			
Miscellaneous			
<b>TOTAL EXPENSES</b>			
Net Profit			
Less Federal Income Taxes			
Less State Income Taxes			
Net Profit After Taxes			