

Lane MicroBusiness Client Assessment



Dear Client:

This assessment is to determine where we can best assist you and your business. The first step in the process is to establish where your strengths and weaknesses are, which will help determine if your business goals for growth are realistic.

The attached worksheets will help us prepare a business assessment. The process of completing a business assessment is a client-assisted one; therefore we cannot answer the questions on the worksheet for you. The final assessment of you and your business will depend on how complete your worksheets are.

Please return the completed worksheets to our office at 1445 Willamette Street, Suite 1, Eugene, OR 97401, or fax them to our office at (541) 686-0096.

Should you have any questions, or concerns, please do not hesitate to contact our office. Our business counselors are available to help you.

Regards,

Shawn Winkler-Rios
Executive Director

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Existing Business Assessment

Which of the following are you interested in learning: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> How to grow a Business | <input type="checkbox"/> Business Management Skills | <input type="checkbox"/> Business Computer Skills |
| <input type="checkbox"/> Accounting Practices | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Human Resource Mgmt. |
| <input type="checkbox"/> Professional Improvement | <input type="checkbox"/> Financial Mgmt. Skills | |
| <input type="checkbox"/> Increasing Personal Income | <input type="checkbox"/> Writing/Enhancing a Business Plan | |
| <input type="checkbox"/> Marketing Skills | <input type="checkbox"/> Accessing Financial Services | |
| <input type="checkbox"/> Manage Cash Flow | <input type="checkbox"/> Business Law | |
| <input type="checkbox"/> Capital Access | <input type="checkbox"/> Inventory Management | |
| <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Other _____ | | |

How long have you been in business?

_____ year(s) _____ month(s)

How much money do you have invested in your business? \$ _____

Have you had a net profit?

- Yes No Unsure

Do you have a written business plan? Yes No

Does it include financial statements? Yes No

Do you have a financial records system? Yes No
If yes, what is it? _____

Do you run the business out of your home? Yes No

Is this your primary source of income? Yes No

What type of industry is your business (please choose one that best fits your business)

- | | | | | |
|---|---------------------------------------|---|--|--|
| <input type="checkbox"/> Services | <input type="checkbox"/> Retail | <input type="checkbox"/> Food/Culinary | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Agriculture/Forestry/Fishing |
| <input type="checkbox"/> Arts/Craft/Hobby | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Health Services | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Finance/Insurance/Real Estate |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Construction | <input type="checkbox"/> Clothing/Accessories | | |
| <input type="checkbox"/> Other: | | | | |

What is the legal form of your business? Sole Proprietorship Corporation Partnership

Do you have any employees? Yes No

Total full-time _____ Total part-time _____

Is your business required to obtain licenses to operate? Yes No

Have you obtained these licenses? Yes No

Is your business required to obtain insurance to operate? Yes No

If so, have you obtained the insurance? Yes No

List any previous training/education/experience that you had before starting this business.

Experience (Include previous employment, training, volunteer work)	Length of time

What is your business? Describe your product or service:

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Existing Business Assessment

Describe what you know about:

a) Your best customers: (characteristics such as location, income, family size, age)

b) Your competition: (list products/services, pricing, location, target market, ect)

c) Your industry:

d) Your key suppliers:

How do you promote your business? (word of mouth, internet, ect.)

Describe the equipment your business uses. Include items you already own.

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Existing Business Assessment

Business Assets and Liabilities

What your business owns (Business assets)			What your business owes (Business liabilities)		
Does your business have:	Yes/No	What is the current value?	Does your business owe a balance on a:	Yes/No	What is the current balance owed?
Building or land	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cars or trucks	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Auto Loan(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Equipment or materials, including inventory	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Credit Card(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Business savings accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Business Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other financial accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Debt to Suppliers	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Stocks or bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Other Liabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Assets:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			\$
TOTAL BUSINESS ASSETS		\$	TOTAL BUSINESS LIABILITIES		

If you do not keep records, please estimate to the best of your knowledge:

Business Revenue and Expenses

Revenues		Expenses	
Total revenue last month \$	Total revenue last 12 months: \$	Total expenses last month \$	Total expenses last 12 months \$
Are most months like this? <input type="checkbox"/> Yes <input type="checkbox"/> No	Best Month for sales so far:	Are most months like this? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What would be an average month's sales? \$		What would be an average month's expenses? \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Did you file personal and/or business income tax last year?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have current business financial statements?			

What did you start your business with?

Funding Sources

Source of Funding	Yes/No	Amount
Personal Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Credit Card(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Government Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Business Loan from a commercial financial institution	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Loan from family or friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Gift from family or friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Investors(s) (venture capital, silent partner, ect.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other funding: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TOTAL FUNDING		\$

