

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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Pre-venture Assessment

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

- | | | |
|---|---|---|
| <input type="checkbox"/> How to start a Business | <input type="checkbox"/> Business Management Skills | <input type="checkbox"/> Writing a Business Plan |
| <input type="checkbox"/> Professional Improvement | <input type="checkbox"/> Financial Mgmt. Skills | <input type="checkbox"/> Personal Improvement |
| <input type="checkbox"/> Marketing Assistance | <input type="checkbox"/> Accessing Financial Services | <input type="checkbox"/> Increasing Personal Income |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Financial Literacy |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Idea Development |

What percentage of your income would you like to come from self-employment earnings? _____%

Answer the following with the best answer:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you owned a business before? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Has anyone in your family owned a business? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever written a business plan? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you keep records of your personal or household income and expenses? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you successfully saved money for something you wanted or needed? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will your family/friends support your decision to be self-employed? |

Choose the following statement(s) that best describes you:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | When I think of a project or task that needs to be done, I usually take care of it right away. |
| <input type="checkbox"/> | I like getting things done and often do a lot of things at once. |
| <input type="checkbox"/> | When I am doing a job or a project for the first time, I work best when there is someone there to help me figure out what needs to be done. |
| <input type="checkbox"/> | I am easy going and work at a relaxed pace. I avoid doing too many things at once. |

Reasons for wanting self-employment:

Personal Goals:

Time Period:

Financial Goals:

Time Period:

How are these goals going to be addressed though business?

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Please answer following questions as thoroughly as possible.

What is your business idea?
(Be sure to include: what you plan to sell or do, whether you will be making the product yourself, ect.)

Who will buy your product or service? Why?

What could you offer that would be different than other similar businesses?

How and where would you distribute your product or service?

List your previous experience running a business, if any:

Experience	Length of time
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

List training/education/experience that you have that will assist you with this type of business.

Experience (Include previous employment, training, volunteer work)	Length of time
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

What are your expectations from our program?
(What you expect to learn, and be able to accomplish when you are done.)
