

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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Start-up 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"/> 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"/> Inventory Management |
| <input type="checkbox"/> Increasing Personal Income | <input type="checkbox"/> Writing/Enhancing a Business Plan | <input type="checkbox"/> Business Law |
| <input type="checkbox"/> Marketing Skills | <input type="checkbox"/> Accessing Financial Services | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manage Cash Flow | <input type="checkbox"/> Capital Access | <input type="checkbox"/> Other |

Answer the following with the best answer:

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

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

- When I think of a project or task that needs to be done, I usually take care of it right away.
- I like getting things done and often do a lot of things at once.
- 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.
- I am easy going and work at a relaxed pace. I avoid doing too many things at once.

List your previous experience running a business, if any:

Experience	Length of time

List any previous training/education/experience that you have that will assist you in the type of business you would like to start.

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

What is your business idea? Describe your product or service:

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Describe what you know about:

a) Your best customers: (target market)

b) Your competition:

c) Your industry:

d) List the equipment your business uses and your key suppliers. (Include items you already own)

d) What are your business expenses every month?

Expenses (Include rent, utilities, phone, ect.)

Total Monthly Cost

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

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Are you currently selling your product or service? Yes No (if no, answer as many of the following as possible)

If yes, how long? _____

Have you had a net profit? Yes No Unsure

How much money do you think you will need to start your business? \$ _____

Do you want to work full time or part time? _____

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

Do you have a written business plan? Yes No

Is it completed? Yes No

Does it include financial statements? Yes No

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

Will/do you run the business out of your home? Yes No Unsure

Do you have employees currently? No Yes

If no, will you need to have employees in the future? Yes No Unsure

If yes, when? Starting up 6 months 1 year 2+ years Unsure

If yes, How many Employees: (including business owner) Full Time _____ Part Time _____

What were your total sales and expenses in the past month?

If you do not keep records please estimate to the best of your knowledge. Skip if you have not had any sales at this time.

Business Revenue and Expenses

Revenues	Expenses
What were your total sales in the last month \$ _____	What were your total expenses in the last month? \$ _____
Are most months like this? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are most months like this? <input type="checkbox"/> Yes <input type="checkbox"/> No
Highest month so far: _____ \$ _____	Highest month so far: _____ \$ _____
Lowest month so far: _____ \$ _____	Lowest month so far: _____ \$ _____
Average sales: \$ _____	Average expenses: \$ _____

Did you file personal and/or business taxes last year? Yes No

Do you have current business financial statements? Yes No

What financial resources do you have to start a business?

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		\$ _____

What are your expectations from our program?

(What you expect to learn, and be able to achieve when you are done.)
