

NEW HAMPSHIRE VOCATIONAL REHABILITATION (VR)
TIER 2: BUSINESS DEVELOPMENT PLAN
BUSINESS PLAN ASSESSMENT (FORM 3 OF 3)

The purpose of this form is to assist VR Counselors, Regional Leaders and Management in assessing the comprehensiveness of the VR Customer's Business Plan to determine the role, if any, that VR venture funding may serve.

VR Counselor Name: _____ Office: _____
(Please print)

VR Customer Name: _____ Date Submitted: _____

VR Customer's Business Name: _____
(Please print)

VR COUNSELOR | FUNCTIONAL ASSESSMENT

- 1. What is the net income objective for the business venture? _____ []Per Month []Per Year
2. Is there a limit to how much revenue the venture can generate before affecting receipt of other sources of income?
___ Yes ___ No. If yes, what is the total limit? _____
3. Will the income objectives change over time? ___ Yes ___ No. If yes, when, what are the factors driving the change and what would be the new income objective for the self-employment venture?

- 4. Please include the following documents as required by the VR Tier 2 Business Plan Requirements Enclosed
a) Tier 2 Business Plan (Reference Sample Business Plan, Tier 2 workbook) _____
b) Completed exercises from 10 Steps to Venture Success (online forms or workbook) _____
c) Completed Bookkeeping Plan and Agreement _____
d) Completed Tier 2 Project Tracking Agreement (http://www.buzvr.org/pdf/tier2_agreement.pdf) _____
e) Completed Business Readiness Check-List (http://www.buzgate.org/8.0/nh/checklist.html) _____

CONSULTANT REVIEW / KNOWLEDGE INSTITUTE (KI) CONSULTANT

Per the information and documents submitted above, use the following form to evaluate and report the comprehensiveness and feasibility of the Tier 2 Business Plan by checking off issues purposefully addressed and providing any additional comments. Once completed, return all documents received along with a copy of the completed form below to the VR Counselor specified above.

KI Consultant Name: _____ Date Received: _____
(Please print)

I. Professional Profile – Experience, skills and aptitudes needed to make the venture a success

- a. Name / Address / Telephone ___Yes ___No ___N/A ___AC
b. Personal experience & related factors supporting success (10 Steps – 2b) ___Yes ___No ___N/A ___AC
c. Potential limitations to success / Plans to overcome (10 Steps – 1b, 1c) ___Yes ___No ___N/A ___AC
d. Skills and aptitudes supporting success (e.g.: organizational skills, bookkeeping, etc) ___Yes ___No ___N/A ___AC

Comments: _____

SECTION COMPLETE: ___YES ___NO; IF NO, SEE BELOW

ADDITIONAL TOPICS TO ADDRESS: _____

II. Business Profile – Description of the business operation (10 Steps – 5a)

- a. Statement of Purpose – Brief description of the business purpose & any funding / financing required (10 Steps – 2 Summary) __Yes __No __N/A __AC

Comments: _____

- b. Description of the business – Type of business, status (start-up / existing), legal form, location, target customer, hours, reasons why business will be profitable (10 Steps – 2d) __Yes __No __N/A __AC

Comments: _____

- c. Market – Who is the market, present size of market, growth potential of market, how will it be competitive and produce a profit (10 Steps – 3a)

- (i). Geographic Area – Where will the business be located, why __Yes __No __N/A __AC
 (ii). Market Analysis – Target market segment, size, growing / declining, data source __Yes __No __N/A __AC
 (iii). Competition – Identify 4-5 competitors, strengths / weaknesses of each, how / why business will gain market share from these competitors __Yes __No __N/A __AC

Comments: _____

- d. Marketing Strategy – What is the marketing plan, promotional strategy, advertising, public relations, pricing strategy, how different from the competition? (10 Steps – 3b) __Yes __No __N/A __AC

Comments: _____

- e. Operations Overview – Task & functions, operating hours, equipment, supplies, inventories __Yes __No __N/A __AC

Comments: _____

- f. Location / Facility – Where located? Why? Type of facility? Rent / Lease? Cost? __Yes __No __N/A __AC

Comments: _____

- g. Licenses / Permits – Are any licenses or permits needed? Zoning compliance? __Yes __No __N/A __AC

Comments: _____

- h. Management – Why / how are you qualified to run this business? Additional personnel needed? (10 Steps – 4a & 4b) __Yes __No __N/A __AC

Comments: _____

- i. Sources & Uses of Funds – How much / what for? Equipment, inventories & supplies, deposits, prepaid insurance, working capital to support start-up, contingency reserve (10 Steps – 7 Summary) Yes No N/A AC

Comments: _____

- j. Development Schedule – Show chart or time line of critical events, note sequencing; does it all make sense? How long will it take to actually start producing revenues? To reach breakeven? Yes No N/A AC

Comments: _____

- k. Summary – What are the key elements & why will it succeed? (10 Steps – 5 Summary) Yes No N/A AC

Comments: _____

SECTION COMPLETE: YES NO; IF NO, SEE BELOW

ADDITIONAL TOPICS TO ADDRESS: _____

III. Financial Profile

- a. Projected monthly income and expenses for first 12 months (Start-up and Subsequent Operating Costs) Include Tier 2 Forecasting Model (10 Steps – 6a, 6b) Yes No N/A AC

Comments: _____

- b. Breakeven Analysis – Calculate at commencement of selling activities (10 Steps – 6c) Yes No N/A AC

Comments: _____

- c. Income Statement – First 12 months following start-up phase (10 Steps – 6e) Yes No N/A AC

Comments: _____

- d. Cash Flow Analysis – Identify cash flow leads and lags – show impact as additional line on projected income and expense forecast – use Tier 2 Forecasting Model Yes No N/A AC

Comments: _____

- e. Capital Equipment List – What the business needs to operate – indicate which need to be purchased (same as Sources / Uses) Yes No N/A AC

Comments: _____

f. Balance Sheet – As of opening day (first day business starts selling) __Yes __No __N/A __AC

Comments: _____

- g. Attachments
- (i). Personal credit report __Yes __No __N/A __AC
 - (ii). Collateral available to secure financing __Yes __No __N/A __AC
 - (iii). Insurance Policies __Yes __No __N/A __AC
 - (iv). Permits __Yes __No __N/A __AC
 - (v). Lease (if applicable) __Yes __No __N/A __AC
 - (vi). Personal Federal Tax Returns for past 2 years __Yes __No __N/A __AC
 - (vii). Personal Financial Statement (assets, Liabilities, monthly expenses) __Yes __No __N/A __AC

Comments: _____

SECTION COMPLETE: __Yes __No; IF NO, SEE BELOW

ADDITIONAL TOPICS TO ADDRESS: _____

IV. Summary Statement

- a. Overview of Year 1 projections – Written analysis of how and why the business will work and make a profit – discuss each of the following
- (i). How long to breakeven, including income required for monthly personal needs __Yes __No __N/A __AC
 - (ii). Hours to be worked each week – include any additional labor required __Yes __No __N/A __AC
 - (iii). Contingency plan (e.g.: breakdown of equipment; other delays) __Yes __No __N/A __AC

Comments: _____

SECTION COMPLETE: __Yes __No; IF NO, SEE BELOW

ADDITIONAL TOPICS TO ADDRESS: _____

V. Attachments

- a. Resume(s) __Yes __No __N/A __AC
- b. List items to be purchased with NHVR funds (identify model, price, source) __Yes __No __N/A __AC
- c. Personal Contribution (funds and / or equipment or other resources) __Yes __No __N/A __AC

Comments: _____

SECTION COMPLETE: __Yes __No; IF NO, SEE BELOW

ADDITIONAL TOPICS TO ADDRESS: _____

VI. Entrepreneurial Training

- a. Completed Exercises from *10 Steps to Venture Success* __Yes __No __N/A __AC
- b. Completed Business Readiness Check List __Yes __No __N/A __AC
- c. Completed Tier 2 Business Training Agreement __Yes __No __N/A __AC
- d. Completed Bookkeeping Plan and Agreement __Yes __No __N/A __AC

Comments: _____

SECTION COMPLETE: __ YES __ NO; IF NO, SEE BELOW

ADDITIONAL TOPICS TO ADDRESS: _____

KI / BUSINESS CONSULTANT RECOMMENDATIONS

- APPROVE
- APPROVE PENDING ADDITIONAL REQUIREMENTS (See below)
- Propose Consult with VR Counselor
- Propose Consult with VR Customer and Any Applicable Support Personnel
- PROJECT DEEMED INFEASIBLE

Additional Requirements: _____

KI Consultant: _____ Date Completed: _____
 (Print Name)

Consultant Signature: _____

VR REGIONAL LEADER REVIEW | RECOMMENDATIONS

- APPROVED
- APPROVED PENDING ADDITIONAL REQUIREMENTS (See below)
- Proposes Consult with VR Counselor
- Proposes Consult with VR Customer and Applicable Support Personnel
- PROJECT DEEMED INFEASIBLE

Additional Requirements: _____

Additional Comments: _____

VR Regional Leader: _____ Date Completed: _____
 (Print Name)

Signature: _____