



"Guiding Montana Businesses to Success"

Initial Assessment for Start-up Businesses

Name(s):

Date:

Type of Business:

Email Address:

Business Name: (If finalized)

In order to make your upcoming counseling session more effective, please answer all of the following questions, to the best of your ability. There are **no** right or wrong answers. **Note: All information provided to the MSBDC is confidential.**

What expectations do you have of a meeting with the Small Business Development Center:

Describe your business idea in 25 words or less:

Why is there a need for your business?

Who is the target market for your product/service?

List all products or services you plan to offer your customers.

List any items (equipment, inventory, building, land, etc.) you own that may be used in your business.

What legal form of business organization do you intend to utilize?

Sole Proprietorship

Partnership

Corporation

Subchapter S Corporation

Limited Liability Company

Limited Liability Partnership

Unknown

Why are you selecting this legal form of business organization?

When do you plan to open your business?

Describe any experience you or other members of your management team have in operating a business or the specific industry in which you will function:

Please list any specific questions you have (Accounting, Bookkeeping, Taxes, Marketing, Pricing, Distribution, etc.):

Describe your credit history (also indicate the credit history of any partners):

Excellent

Good, past issues have been corrected.

Fair, I need to take care of some issues.

Poor

Don't Know

Have you obtained and reviewed your credit report recently? ___ No ___ Yes

If no, please order a credit report from one of the three national credit bureaus listed.

www.experian.com (888-397-3742); www.transunion.com (800-888-4213); www.equifax.com (800-685-1111). Or the one source for all three, (877-322-8228) www.annualcreditreport.com.

Have you had a bankruptcy in the past 5 years? ___ No ___ Yes If yes why?

Have you been to or are any other organizations or resources currently assisting you?

___ No ___ Yes If yes, please list the other organizations or resources.

Will you need financing to start your business? ___ No ___ Yes

If yes, please complete the enclosed Sources and Uses of Funds form to the best of your ability and provide a copy of your personal financial statement. Please note, most lenders will require you contribute approximately 20-30% cash.

Upon completion, return this and provide a copy of your business plan if you have one, a draft of one, or a work in progress to your local Small Business Development Center.