



A Business Action Plan

Name

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Email: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Website: _____

To be submitted to:



A. Goals

Start-ups only:

What type of business are you interested in starting?

Will you work at this business: Full-time Part-time

Are you currently employed at another job? Yes No

Is your business: Home based Commercial

What net income do you expect to make from this business to make it worthwhile?

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$5,000 | <input type="checkbox"/> \$5,000 - \$10,000 | <input type="checkbox"/> \$10,000 - \$15,000 |
| <input type="checkbox"/> \$15,000 - \$20,000 | <input type="checkbox"/> \$20,000 - \$25,000 | <input type="checkbox"/> \$25,000 - \$30,000 |
| <input type="checkbox"/> Over \$30,000 | | |

When do you expect to start this business?

- 6 months 6 – 12 months 1 year 2 years Other _____

For Existing Business only:

What is your current business? _____

Do you work at this business: Full-time Part-time

Is your business: Home based Commercial

If part-time, when do you expect to become full-time at this business?

- 6 months 6 – 12 months 1 year 2 years Other _____

What is your business net income?

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$5,000 | <input type="checkbox"/> \$5,000 - \$10,000 | <input type="checkbox"/> \$10,000 - \$15,000 |
| <input type="checkbox"/> \$15,000 - \$20,000 | <input type="checkbox"/> \$20,000 - \$25,000 | <input type="checkbox"/> \$25,000 - \$30,000 |
| <input type="checkbox"/> Over \$30,000 | | |

Do you have plans to expand or improve your current business? Yes No

If yes, when do you expect to expand or improve?

- 6 months 6 – 12 months 1 year 2 years Other _____

How do you plan to expand or improve? (i.e., purchase a building, start or improve a product/service, etc.) _____

B. Things I need to do to achieve my goals

- | | |
|--|--|
| <input type="checkbox"/> Feasibility Study | <input type="checkbox"/> Repair Credit |
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Obtain Licenses |
| <input type="checkbox"/> Market Research | <input type="checkbox"/> Business Training |
| <input type="checkbox"/> Financial Projections | <input type="checkbox"/> Apply for a Loan |
| <input type="checkbox"/> Review credit report | <input type="checkbox"/> Enroll in IDA |
| <input type="checkbox"/> Other: _____ | |

C. Assessment of current situation

Why do I want to start this type of business? _____

What knowledge do I have about this business? _____

What experience do I have? (resume') _____

How much time do I have to work on this business? _____

Do I have financial resources to bring to my business? Yes No

Do I have adequate income to cover my expenses while I am getting my business up and going?

How much debt do I currently have? _____

Do I need a loan to start/expand/improve my business? Yes No

What does my credit look like? _____

What have I already done in terms of market research, business plan development, etc?

Do I have the support of my family members? Yes No

D. Plan for achieving goals

Attend Southern Good Faith Fund's Business Development Center's training/workshops

- Fast Trac _____
- Home-Based Business _____
- Business Side of Childcare _____
- Various Workshops _____

Credit Repair

- Session with CCCS _____
- Consolidate Debt _____
- Pay off Certain Debt _____
- Other _____

Apply for technical assistance through BDC (*for existing businesses only*)

What specific objectives do I plan to accomplish?

- Market research
- Streamline Financials
- Pricing
- Other: _____

Complete application by: _____ Complete Business Plan by: _____

How much capital would I need to start or expand my business? \$ _____

What sources of capital are available?

Small Business Loan

Amount: \$ _____ Apply for: _____ Close loan by: _____

IDA match savings

Enroll by: _____

Savings Amount: \$ _____ Match Amount: \$ _____

Purchase Asset by: _____

Personal funds \$ _____

Child Care Business Enhancement Grant \$ _____

Other: \$ _____

Date: _____

(Participant/Client Signature)

Date: _____

(Southern Good Faith Fund Staff)