



Alaska Division of Vocational Rehabilitation

Business Plan Development Questionnaire

(Instructions: Insert the name of the participant after the colon.)
Participant Name:
(Instructions: Numbered questions are listed below, grouped by headers. For each question or prompt, insert information after the question mark or colon.)
Business Development
1. What is the name of your business?
Identify and briefly describe the business you plan to start:
3. What experience have you had in this or related kinds of business?
4. Will this business be solely-owned, a corporation, or a partnership?
5. What managerial experience have you had?
6. What steps have you taken to develop your idea?
7. What articles, publications, or other published resources have you collected or read that would give you information to help develop your business idea?

8. Have you contacted any of the following resources? (To indicate a resource that you have contacted, place an X after the colon.) a. Small Business Development Center (SBDC): b. Local Chamber of Commerce: c. Trade Associations: d. State Agencies: e. Internet Resources:
f. Funding Institutions: What were the results of those contacts?
Operations
1. How will the company's management be structured?
2. Will you be working with professional consultants such as accountants, financial counselors, or small business development professionals?
3. What are your short-term business goals?
4. What are your long-term business goals?
5. How many hours do you anticipate you would need to work per week to both establish and operate the business?
6. Do you think you will need help in the operation of a business?
7. Where might that help come from and in what areas would you use the help?
8. If family or friends are involved in the operation of this business, how will you address conflicts that may arise?

9. Who will do the ordering, customer contact, and bookkeeping for your business?
10. List and explain the physical demands required by the work you are proposing.
11. What will you need to learn to be able to operate this business?
12. What accommodations, if any, are needed for your disability in relation to operating the business?
13. How much time do you plan to spend each week working for the business?
Location
1. Where will the business be located?
2. Why is this location appropriate for your business?
3. Have you looked into zoning laws, licensing, and city, state, and federal regulations to permit the operating of the business? What is needed?
Technical Skills
What type of technical skills will this business require?

2. Are you familiar with financial reports? Do you know how to analyze the data they contain?
3. Describe arrangements you will make to set up and maintain accounting records for business. Such records are required by law for tax and legal purposes, and they are essential to proper business management.
4. Have you investigated the insurance and liability needs of the business?
5. What skills training do you need?
6. What type of supports would you need?
Customers
1. If you were a potential customer, why would you use this business?
2. If you were a customer, what features would keep you coming back?
3. What has been your experience in dealing with the public? Do you enjoy working with the public?
4. Who are your customers?
5. How large a geographical area will you serve?

6. What research or information have you gathered which demonstrates the demand for your service/products?
7. What are the trends in the industry? What does the future hold for this industry?
8. Who will use your service and/or buy your product(s)?
Competitors
1. Who are your competitors?
2. What research have you conducted to determine if there are similar businesses currently operating?
3. Do they adequately serve the public?
4. How successful are they?
5.What makes your business unique from similar businesses in the market?
6. How do your competitors set prices for their goods or services? Can you support this by providing sample pricing?

Finances

How is your personal credit?
2. Do you feel your disability has affected your personal credit?
3. Have you ever filed for bankruptcy? If yes, why?
4. Are you in default on any loans, including student loans?
5. What is your personal financial situation (i.e., ability to pay bills, assets, etc.)?
6. How will the revenues from your business impact SSA benefits, if you are currently receiving these benefits?
7. What are you projecting your costs to be for the first year? For the first three years?
8. How much investment capital is required?
9. How much of this investment will be contributed by you?
10. How much of the investment will be contributed by other investors?

11. How will you regularly save a part of the profit from the earnings of your enterprise to build a money reserve for emergencies and future growth of the enterprise?
12. How will you compensate yourself?
13. How much money (monthly or yearly) do you need or want to earn?
14. What are your long-term debts?
15. Has a personal income goal from the business been established?
16. Do you have a source of income, other than the new business, for a least the six months of operation? Instructions: Mark an X after all that apply Social Security Disability Income: Supplemental Security Income: Income received by spouse or partner: Income from family member or friend: Investment Income: Public Assistance: Employment: Worker's Compensation: Disability Insurance: Pension: Other (specify):
Product
Identify the product or service you plan to sell.

2. Does your product or service satisfy an unfilled need?
3. Will your product or service be competitive based on its quality, selection, price, or location?
4. How will you determine the pricing of your goods or services?
5. What is your pricing strategy?
Marketing
1. Describe your plans and arrangements for merchandising, marketing, business development, advertising, and for getting the cooperation and interest of the community in your enterprise.
2. How much of an investment do you plan to make in promoting your business?
3. Are there trade associations, clubs, or expositions featuring your type of product or services that you can attend? Do you have a method for demonstrating your product or services at such events?
4. What is your target market? What is your secondary market?
5. Are there seasonal factors involved?