

SMALL AND EMERGING BUSINESS DEVELOPMENT PROGRAM CLIENT ASSESSMENT

Date: _____ Assessment Conducted By: _____

Business Name: _____ Certification #: _____

Owner(s) Interviewed: _____

Business Description: _____

Client Email Address: _____ Phone Number: _____

CLIENT NEEDS ASSESSMENT

1. What experience(s) do you have that is helping you run this business?

(Check all that apply – Provide Detail in Notes Below)

- | | |
|--|---|
| <input type="checkbox"/> Previously Owned a Business | <input type="checkbox"/> Training |
| <input type="checkbox"/> Work Experience in Industry | <input type="checkbox"/> Education |
| <input type="checkbox"/> Management Experience | <input type="checkbox"/> Certification(s) |
| <input type="checkbox"/> Other: _____ | |

2. What do you feel is the most challenging issue or aspect of running your own business?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Time | <input type="checkbox"/> Getting/Retaining Customers |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> HR/Employees |
| <input type="checkbox"/> Other: _____ | |

Notes:

3. Have you completed an Entrepreneurial Training course?

- No
- Yes – Year: _____

Course Name: _____
(Please provide evidence of completion)

4. Are you currently employed outside your business?

- No
- Yes, Part-time
- Yes, Full-time

5. Please check all of the following computer programs you currently use (or would like to use) in your business and indicate your degree of proficiency:

| | <u>Use:</u> | <u>Like to Use:</u> | <u>Proficiency:</u> | | <u>Comments:</u> |
|----------------------------|--------------------------|--------------------------|-------------------------------------|--|------------------|
| Word processing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Proficient | <input type="checkbox"/> Need Training | _____ |
| Spreadsheets/Databases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Proficient | <input type="checkbox"/> Need Training | _____ |
| Accounting Software | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Proficient | <input type="checkbox"/> Need Training | _____ |
| Presentation Development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Proficient | <input type="checkbox"/> Need Training | _____ |
| Web Design or Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Proficient | <input type="checkbox"/> Need Training | _____ |
| Inventory/Sales Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Proficient | <input type="checkbox"/> Need Training | _____ |
| Industry Specific Software | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Proficient | <input type="checkbox"/> Need Training | _____ |
| Other Program: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Proficient | <input type="checkbox"/> Need Training | _____ |

Notes:

BUSINESS NEEDS ASSESSMENT

6. Does this business have the following:

Written Business Plan: No Yes, Date: _____

Written Marketing Plan: No Yes

Data Back-Up System: No Yes

Written Personnel Policies: No Yes N/A

Hudson Certification: No Yes N/A

Written Business Continuity & Disaster Plan: No Yes

Computerized Inventory: No Yes N/A

Computerized Accounting System: No Yes N/A

Buy-Sell/Succession Agreement: No Yes N/A

Credit/Debt Collection Policies: No Yes N/A

Business Licenses & Permits: No Yes N/A

BASIC BUSINESS INFORMATION

7a. What is the current status of your business?

- In business, but not yet selling my product or service.
 Selling my product or service for less than 12 months.
 Selling my product or service for 1-5 years.
 Selling my product or service for more than 5 years.

7b. Date Started: _____

8a. Under what form of ownership is the firm now operating?

- Sole Proprietorship C Corporation
 Partnership S Corporation
 LLC

8b. If applicable, are they meeting corporate filing requirements? No Yes

9. Which of the following best describes your business?

- Lifestyle Growth
 Franchise Other: _____

10. Which statement best describes the location of your business?

- Home-based Office Online
 Warehouse Factory Store
 Other: _____

Notes:

ACCOUNTING & FINANCE

11a. How often are financial statements generated and analyzed?

- Monthly Without schedule Not at all
 Quarterly Annually

11b. Who analyzes them? _____

12. Does the owner/manager know what the working capital requirements of the firm are?

- No – Why Not? _____
 Yes

13. What is the firm's credit history?

- Excellent Good Fair Poor

14. Is the firm capitalized enough to survive a downturn in sales or other unforeseen events?

- No, the firm is highly leveraged
 Some leverage exists, but capital is still adequate
 Yes, there is more than enough capital

15. What is the trend of the firm's credit history?

- Improving Stable Getting worse

16. Has the firm experienced cash flow problems in the last six months?

- No
 Yes - List any lenders/AP & past due amounts in Notes

Notes:

LEGAL COMPLIANCE

17. Check any of the following with which the firm is out of compliance.

- IRS: Federal Income Tax State Workers Compensation Federal Payroll Withholding Tax
 FICA State Payroll Withholding SUTA
 Federal Workers Compensation State Sales Tax Business/Occupational Licenses
 Other: _____

MARKETING & SALES

18. How do you market your business?

(Check all that apply)

Word-of-Mouth

Print Ads

Radio/TV Ads

Internet Ads

Website

Web Address: _____

Social Media

List Sites: _____

Other: _____

Is this effective?

No Yes

No Yes

No Yes

No Yes

No Yes

No Yes

No Yes

19. Has the firm conducted any market research?

No

Yes – What type and what results?

20. Describe your target market. (Demographic, Location)

21. Does the firm have a logo?

No Yes

22. The firm's sales are?

Increasing

Decreasing

Unchanged

I have not sold anything yet.

23a. Do you sell your products and services to other states in the US outside of Louisiana?

No (Skip Question 23b) Yes

23b. Approximately what percentage of your sales are from states, other than Louisiana? _____ %

24a. Do you export your goods and services outside of the US?

No (Skip Question 24b) Yes

24b. Approximately what percentage of your sales are from outside the US? _____ %

Notes:

PURCHASING AND INVENTORY CONTROL

25. Are policies in place dictating who is authorized to purchase goods or services?

No Yes

26. Does the firm have problems with any of the following? (Check all that apply)

Shortages Back Orders Changing prices

27. What system is used for determining the following? Briefly Explain.

Minimum Inventories: _____

Order Points: _____

Order Quantities: _____

28. Have potential vendors been met with & verified that they can meet price, quality, and service requirements?

No Yes

29. Does the firm purchase at a volume that would allow discounts or buying direct from manufacturers?

No Yes

Notes:

PERSONNEL MANAGEMENT & INSURANCE

30. Does the firm have any employees?
 No (Skip to Question 21)
 Yes – Number of Part-Time? _____ Full-Time? _____

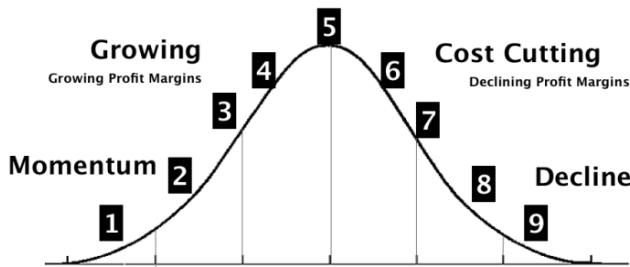
31. Do employees know company & personnel policies?
 No
 Yes

32. Do you have problems with any of the following? (Check all that apply)
 Finding and Hiring Qualified Employees
 Training Employees
 High-Turnover/Trouble Keeping Employees
 Employee Disputes
 Other HR issues: _____

33. Which of the following types of insurance does the firm have in effect? (Check all that apply)
 Property Liability
 Automobile Group Life
 Group Health Disability
 Workers' Compensation Key-Person
 Business Continuity Other: _____

Notes:

BUSINESS INNOVATION



34. Which number best illustrates where your organization is on this business life cycle.

35. Approximately how many new products or services have you introduced in the last 3 years?
 _____ New Products or Services

36. Approximately what percentage of your sales today are from products or services that you did not offer 3 years ago?
 _____ % of Sales are from New Products or Services

37. Approximately what percentage of your sales today are to customers that you did not sell to 3 years ago?
 _____ % of Sales are from New Customers

38. How many patents does your organization own or license?
 _____ Patents Owned/Licensed

ADDITIONAL QUESTIONS FOR MANUFACTURING FIRMS

39. Do you develop your own products, or do you produce products designed/developed by your customers?
 We design/develop our own products
 We only build products to customers' specifications
 Both. We design some products and build to certain customers' specifications

40. Do you have a formal, documented quality system?
 We have almost nothing in writing
 Some of our procedures or specifications are in writing
 We have one or more major customer certifications
 We are ISO/QS 9000 registered/compliant or meet other guidelines

41. Do you have a structured, documented procedure used regularly to estimate the cost of new jobs?
 Not at all.
 Yes, for products similar to existing products
 Yes, for products over a certain dollar threshold
 Yes, for most products
 Yes, for all products

42. Do you perform Cost/Benefit Analysis before purchasing, trading, or upgrading equipment?
 No analysis is performed
 We attempt the analysis but need help
 Yes, we perform the analysis

43. Does your accounting system account for work in process?
 No Yes

Notes:

PERSONAL FINANCIAL INFORMATION

Please indicate the owner's name, percent ownership, and personal net worth for at least 51% of the company.

Calculate the Personal Net Worth of the Business Owner(s)

| | Owner 1 | Owner 2 | Owner 3 |
|---|---------|---------|---------|
| Name: | | | |
| Percent Ownership: | | | |
| Part 1: Calculate the Net Value of the Owner's Personal Assets | | | |
| Total Value of Personal Assets: | \$ | \$ | \$ |
| Minus: Value of Home (if owned): | \$ | \$ | \$ |
| Minus: Value of Retirement Assets: | \$ | \$ | \$ |
| = NET VALUE OF PERSONAL ASSETS: | \$ | \$ | \$ |
| Part 2: Calculate Owner's Personal Debt | | | |
| Total Amount of Owner's Personal Debt: | \$ | \$ | \$ |
| Minus: Home Mortgage Debt (if any): | \$ | \$ | \$ |
| = TOTAL PERSONAL DEBT: | \$ | \$ | \$ |
| Part 3: Calculate the Personal Net Worth | | | |
| Net Value of Owner's Personal Assets: | \$ | \$ | \$ |
| Minus: Total Personal Debt: | \$ | \$ | \$ |
| = PERSONAL NET WORTH SUBTOTAL: | \$ | \$ | \$ |
| If married, divide the Personal Net Worth Subtotal by 2 to get the Total Personal Net Worth. | | | |
| = TOTAL PERSONAL NET WORTH: | \$ | \$ | \$ |

BUSINESS FINANCIAL STATEMENTS

Please attach the current financial statements for this business and fill-in the row at the bottom of the page. If these are not available, complete the calculations with the client to gather the information.

Calculate Business Net Worth

Total Business Assets: \$ _____

Minus: Total Business Liabilities: \$ _____

= BUSINESS NET WORTH: \$ _____

Calculate Business Net Profit or Loss

If your business is less than 12 months old

What were your total sales in the last month?
\$ _____

Are most months like this? No Yes

If no, please explain and provide an average month's sales.

What were your total business expenses in the last month?
\$ _____

Are most months like this? No Yes

If no, please explain and provide an average month's expenses.

Calculate Net Profit or Loss:

Multiply Average Monthly Sales and Expenses by 12.

Approx. Annual Sales: \$ _____

Approx. Annual Expenses: \$ _____

Approx. Annual Sales – Approx. Annual Expenses =

Net Profit/Loss = \$ _____

If your business is more than 12 months old

Total sales over the last 12 months?
\$ _____

Total business expenses over the last 12 months?
\$ _____

Calculate Net Profit or Loss for the last 12 Months:

Total Sales – Total Business Expenses =
\$ _____

Business Net Worth =
\$ _____

Total Sales =
\$ _____

Total Business Expenses =
\$ _____

Net Profit or Loss =
\$ _____

SEBD CLIENT ACTION PLAN

Recommended First Step: (Please include the contact names of any referrals given for additional assistance)

| | |
|--|--|
| Action To Be Taken: _____ _____ _____ | Date Due: _____ _____ _____ |
|--|--|

Recommended Second Step:

| | |
|--|--|
| Action To Be Taken: _____ _____ _____ | Date Due: _____ _____ _____ |
|--|--|

Recommended Third Step:

| | |
|--|--|
| Action To Be Taken: _____ _____ _____ | Date Due: _____ _____ _____ |
|--|--|

Additional Recommendations/Referrals:

Intermediary – Please indicate which, if any, of the following programs or services you feel this client would qualify for and benefit from.

- | | |
|--|---|
| <input type="checkbox"/> Bonding Assistance Program | <input type="checkbox"/> Small Business Loan and Guaranty program |
| <input type="checkbox"/> Economic Gardening | <input type="checkbox"/> State Tax Incentives (R&D, Enterprise Zone, Quality Jobs, Digital Media, Angel Investor, etc.) |
| <input type="checkbox"/> State Trade and Export Promotion (STEP) program | |
| <input type="checkbox"/> Other: _____ | |

To gain the best outcome from completing the Client Assessment, you are encouraged to work with your Intermediary (Contractor) on the assistance recommended above. The Intermediary's recommendations can provide you with the knowledge and tools to further develop your own business skills and to improve the odds your business will succeed.

SEBD Client Verification of Information

I, _____, certify that I am the duly authorized representative of the business entity identified herein and that the abovementioned statements and data provided herein, are correct, true, and include all material information necessary to identify and explain the technical and business needs of the company and the owner(s).

_____ Type your initials here to verify that you read the above statement and have complied to the best of your knowledge.

Confidentiality Statement

Louisiana Economic Development and its SEBD Contractor agree that any financial or proprietary business information submitted pursuant to this Assessment which are in their nature and designated as confidential and submitted for purposes of allowing Louisiana Economic Development and its SEBD Contractor to investigate or to examine the business of such private firm in connection with the statutory duties of Louisiana Economic Development, shall be considered to be and maintained as confidential and proprietary information within the meaning of LA.R.S. 44:4(3); and Louisiana Economic Development and its SEBD Contractor shall use all reasonable means to maintain such confidentiality, and shall not disclose such information to any third party except as permitted in the Assessment or as required by law.

SEBD Contractor Electronic Signature: _____

Print Name: _____ Date: _____