Business Plan For:	
Name of Your Business	
Completed:	
Date the Business Plan was Created	

Organization _____, and located at My business, named _____ (Name of your Business) _____ is in the following phase: (Address of your business) Check One: ____Start up; ____Initial Operations; ____Expansion; ____Stable Operations My type of business is: (Check all that apply) _____Retail; ____Service; ___Distribution/Wholesale; ____Manuf./Production; ____Internet; ____Other The business is organized as: _____ (Sole Prop, Gen Partner, Limited Partner, C Corp, S Corp, LLC, COOP, Non-Profit Assoc, Non-Profit Corp) and has been in business since_____ or will open in _____ (Date the business was formed) (Date you will start the business) **Mission/Vision Statement:** The business is dedicated to: (Write a brief description of the nature of the business or a short mission statement)

Owner #1:	
	(Name of Owner)
	(Description of Management Skills/Experience)
Owner #2:	
	(Name of Owner)
	(Description of Management Skills/Experience)
Owner #3:	
	(Name of Owner)
	(Description of Management Skills/Experience)
The husiness employs/will employed	e the following key employees/advisors (Name top 3)
The business employs, will employed	the following key employees, advisors (frame top 3)
Employee/Advisor #1:	
Employee/Advisor #1:	(Name of Employee/Advisor)
Employee/Advisor #1:	(Name of Employee/Advisor)
Employee/Advisor #1:	
	(Name of Employee/Advisor) (Description of Management Skills/Experience)
	(Name of Employee/Advisor) (Description of Management Skills/Experience)
	(Name of Employee/Advisor) (Description of Management Skills/Experience)
	(Name of Employee/Advisor) (Description of Management Skills/Experience)
Employee/Advisor #2:	(Name of Employee/Advisor) (Description of Management Skills/Experience) (Name of Employee/Advisor)
Employee/Advisor #2:	(Name of Employee/Advisor) (Description of Management Skills/Experience) (Name of Employee/Advisor)
Employee/Advisor #2:	(Name of Employee/Advisor) (Description of Management Skills/Experience) (Name of Employee/Advisor) (Description of Management Skills/Experience)
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Employee/Advisor #2:	(Name of Employee/Advisor) (Description of Management Skills/Experience) (Name of Employee/Advisor) (Description of Management Skills/Experience) (Name of Employee/Advisor)
Employee/Advisor #2: Employee/Advisor #3:	(Name of Employee/Advisor) (Description of Management Skills/Experience) (Name of Employee/Advisor) (Description of Management Skills/Experience) (Name of Employee/Advisor) (Description of Management Skills/Experience)
Employee/Advisor #2: Employee/Advisor #3: Currently, my business employs	(Name of Employee/Advisor) (Description of Management Skills/Experience) (Name of Employee/Advisor) (Description of Management Skills/Experience) (Name of Employee/Advisor)

The following are my key vendors/suppliers: (List their name, location, what is provided and	any
payment terms)	
Vendor/Supplier #1:	
(Name and Location of Vendor/Supplier)	
(Product/Supplies provided to your business)	
(Payment Terms)	
Vendor/Supplier #2:(Name and Location of Vendor/Supplier)	
(Product/Supplies provided to your business)	
(Payment Terms)	
Vendor/Supplier #3:(Name and Location of Vendor/Supplier)	
(Product/Supplies provided to your business)	
(Payment Terms)	
Following is a brief description of the day-to-day operations of my business:	

Marketing

My business is	s in the			industry, which is:
			ne type of industry)	
Check One:	New;	Expanding;	Stable. The industr	ry size is
				(Size of Industry: potential customers, clients and number of competing businesses)
	·		describe the prevaili	
The following	_			ibe the markets you're targeting)

My business provides/will provide the following quality/price combination: (Check ONE Only)				
Low Price/Low Quality;Low Price/Medium Quality;Low Price/High Quality				
Med. Price/Low Quality;Med. Price/Medium Quality; Med. Price/High Quality				
High Price/Low Quality;High Price/Medium Quality;High Price/High Quality				
Following are prices for my top 5 product/services which will realize the following gross profit:				
Product/Service	Price	Cost of Goods	Gross Profit	
The overall gross profit margin for my business is/will be:				
My main competitors are:				
(Name 1 or 2 Competitors) and their strengths and weaknesses are:				
(Describe how your competitors stack up in terms of price, quality, service, location, convenience, reputation, range of services, etc.)				

My business will use/uses the following marketing strategies:				
(Choose 5 and rank importance 1-5)				
Phone Calls	Website			
Outside Sales	Search Engine Optimization (SEO)			
Tradeshows/Conventions	Email			
Promotional Events	Press Releases			
Referrals	Directory Sites			
Networking	Social Media			
Speaking Engagements	Pay-Per- Click (PPC) Advertising			
Direct Mail	Other (specify)			
Display & Print Ads				
TV/Radio Ads				
The marketing goals for my business are: (Describe how many new clients/customers or how				
much new business you expect/want to bring in monthly/yearly)				
,				

Financials

The average sale for my business	will be/ is	
,		me of your average sale to a single customer/client)
My business can fulfill an order f	•	
	(list a timeframe	e; e.g. immediately, within a day, week, month, etc.)
Money from the average sale is co		r customers/clients; e.g. pre-pay, COD, Net 30, etc.)
E	-1-1- for the first (next)	
Expected average monthly sales t	otals for the first (next) y	year will be/are: (list a dollar volume)
My expected breakeven point is _	aı	nd it will occur in (list month/year)
The total money needed for start-	un/growth is:	
The total money needed for start		amount that you'll need to use until you reach your breakeven point)
The start-up/growth funds will be	coming from:	
Source	Amount	Date Expect to Receive Funds
	-	

Attachments

The following materials are attached to this plan: Organization Resume(s) of key personnel Marketing 1 year marketing flow worksheet Financials Start-up Costs Worksheet Monthly Expenses Worksheet 1 year Sales Forecast 1 year Cost of Goods Forecast 1 year Gross Profit Forecast 1 year Cash Flow Projections Worksheet Personal Financial Statement(s) Past 2 years of Tax Returns (Personal and Business) Profit & Loss Statement (Current) Balance Sheet (Current) List of "Aged" Accounts Receivables (Current)