

ENTREPRENEURIAL ECOSYSTEM EXPANSION



CONFIDENTIAL **BUSINESS DEVELOPMENT INTAKE FORM**

For more information: Kathleen@TheAdvancementFoundation.org

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Please answer each question to the best of your ability at this time.

Section A – General Information

Name: _____

Birth Date: _____

Address: _____

E-mail: _____

Phone: _____

How did you hear about us?

Newspaper

TV

Business License office

Website

A friend

Small Business Dev. Center

Chamber office

Facebook

Other: _____

Reason for your visit today:

Section B – Business Detail

Name of business: _____

Business and industry description: _____

Are you currently in operation? _____

If so, how long? _____ **If not, when do you plan on opening?** _____

Why did you open/want to start your business? _____

How long have you been working on this business? _____

Primary products/services offered: _____

Where is your business located? _____

If you have storefront space or office, do you rent or own? _____

Target market for your business: _____

Relevant education/work/experience/training related to business: _____

What assets (money, raw materials, equipment, etc.) can you currently invest in the business? _____

How many hours per week are you willing and able to commit to your business? _____

What would success look like for your business? _____

What elements of starting/operating a small business do you need help with? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Writing a business plan | <input type="checkbox"/> Legal structure setup | <input type="checkbox"/> Credit repair |
| <input type="checkbox"/> Determining startup costs | <input type="checkbox"/> Social Media | <input type="checkbox"/> Building savings |
| <input type="checkbox"/> Market research | <input type="checkbox"/> Licensing | <input type="checkbox"/> Product/service development |
| <input type="checkbox"/> Taxation | <input type="checkbox"/> Marketing plan | <input type="checkbox"/> Budget/financial projections |
| <input type="checkbox"/> Management | <input type="checkbox"/> Accounting | <input type="checkbox"/> Securing finances |
| <input type="checkbox"/> Finding a mentor | <input type="checkbox"/> Insurance | <input type="checkbox"/> Other: _____ |

Section C – 360° Evaluation

This tool is designed to help the staff build a personalized program that will have lasting impact on your success. Be realistic about your skills!

For each of the following circle the answer that most accurately describes your abilities:

<i>Money management skills</i>	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
<i>Time management skills</i>	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
<i>Running a business</i>	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
<i>Problem solving ability</i>	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
<i>People /social skills</i>	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
<i>Credit score/history</i>	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
<i>Sales</i>	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
<i>Marketing</i>	POOR	FAIR	AVERAGE	GOOD	EXCELLENT

For each of the following questions, please check YES or NO:	YES	NO
1. Are you committed to doing whatever it takes to start a business?		
2. Are you a self-starter and self-motivated?		
3. Do you like to be challenged and find new ways to do things?		
4. Can you work independent of someone giving you directions?		
5. Do you consider yourself honest and ethical, and will you treat customers the same way?		
6. Do you get along well with different personalities?		
7. Are you good at solving problems?		
8. Are you good at managing people and projects?		
9. Are you creative?		
10. Can you make timely decisions?		
11. Are you emotionally and physically capable of working long hours?		
12. Are you good at managing your time?		
13. Are you well organized?		
14. Do you have the support of your family to make the necessary sacrifices?		
15. Are you willing to put in the necessary time and energy?		
16. Are you willing to make the financial sacrifices of putting your assets at risk and being the last one to be paid?		
17. Are you good at multi-tasking?		
18. Do you have the background and knowledge to operate this business?		
19. Do you understand what your strengths and weaknesses are?		
20. Have you worked in the type of business you are interested in starting?		
21. Are you willing to take the extra steps to improve the knowledge areas that you are lacking?		
22. Do you possess general business skills?		
23. Are you good at managing money?		
24. Are you a good salesperson so you can sell your business to others?		
25. Do you enjoy networking or speaking about your business to others?		
26. Are you good at public speaking and making presentations?		
27. Are you willing to do any job needed (to include taking out trash, cleaning bathrooms, etc.)?		
28. Are you able to overcome discouragement when things do not go right?		
29. Can you handle stress?		
30. Do you have a mentor or advisor you can turn to for help whenever you need it?		
31. Do you know what your personal goals are and do they align with your business goals?		
32. Do you have a written business plan?		
33. Do you have good credit?		
34. Do you have the assets available to start the business and are you willing to risk those funds?		
35. Are the conditions right in your life and in the economy to start a business?		
36. Do you have a plan for meeting your personal living expenses until the business is profitable?		

[1] Adapted from Roanoke SBDC's *Entrepreneur Guidebook*, page 34.

Section D – Demographics

Status:

- Work full time Work part time
 Full time business owner Retired
 Disabled Veteran

Rate personal credit position: Poor Below Average Average Above Average Great

Race:

- White/Caucasian African American Asian Other
 Native American Hispanic I choose not to answer

Educational background:

- Below 8th Grade High School Diploma GED
 2 Year College Degree 4 Year College Degree Beyond Bachelors
 Masters Doctorate Vocational (specify) _____

Regarding education (check all that apply):

- I never liked school I liked school
 I could have done better in school I would enjoy going back to school
 I had a job while in high school I have a learning disability

Household demographic profile:

Number of children living in household: _____ Age(s) of children: _____
Number of adults living in household: _____ Ages(s) of adults: _____

Work status of other adults in household:

- Disabled Part-time Full-time Retired

Household income: Less than \$25,000 \$26-\$45,000 \$46-\$55,000
 \$56-\$74,000 \$75-\$100,00 More than \$100,000

Home ownership: Own a home Rent

Section E – Other Resources

Are you interested in learning about other programs available? (Check all that apply)

- Home Buying Life Coaching
 Volunteer Opportunities Virginia Individual Development Accounts
 Financial Peace University GAUNTLET Business Program and Competition