



Initial Assessment for Existing Businesses

Owner(s) Name(s):

Business Name:

Legal form of business organization:

Business Address:

Business Phone Number:

Business Fax Number:

Type of Business:

Business Email:

Date started/purchased business:

SIC/NAIC Code:

Provide a brief history and description of your business in 25 words or less:

What anticipated changes do you plan to make within the next year?

What are your business strengths and weaknesses with respect to marketing?

What are your business strengths and weaknesses with respect to management?

What are your business strengths and weaknesses with respect to finance?

Is your business's cash-flow positive? Yes No If no, why not?

List all products or services you offer your customers:

Describe your current customers including any major customers:

List and describe current competitors, including their strengths and weaknesses:

What is your business's competitive advantage?

Place a check mark in the blanks that best describes you and key partners or managers in your company:

	Adequate Knowledge	Counseling Needed	Training Needed
Accounting and Bookkeeping			
Computer Experience			
Financial Management			
Marketing and Promotion			
Operations			
People Management			
Personnel Policies			
Planning			
Pricing			
Sales			
Tax			
Other:			
Other:			

Do you need financing for your business? __No __Yes

If yes, please please provide a copy of your credit report. If you don't have a credit report, please order one from one of the three national credit bureaus listed. <http://www.experian.com> (888-397-3742; <http://www.transunion.com> (800-888-4213); <http://www.equifax.com> (800-685-1111)

Describe your credit history (also indicate the credit history of any partners):

- _____ Excellent
- _____ Good, past issues have been corrected.
- _____ Fair, I need to take care of some issues.
- _____ Poor
- _____ Don't Know

Have you had a personal or business bankruptcy in the past 5 years? No Yes If yes, why?

Have you been or are any other organizations or resources currently assisting you? No Yes

Please provide copies of your year-end financial statements for the past two years.

Please provide copies of your current financial statements.

Please provide copies of your business tax returns for the past two years.

Please provide a copy of your credit report if you need financing for your business.



Statement of Understanding

The **Kansas Small Business Development Center (KSBDC)** is pleased to have you as a client. The KSBDC is a business development service for the State of Kansas. The KSBDC provides counseling, management education, and technical assistance to Kansas businesses and would-be entrepreneurs. The KSBDC counseling approach is one of guidance and education, not of doing the work for the client. The quality of our assistance depends, in many ways, on you and the information you provide. In addition to your rights as a KSBDC client, you also have responsibilities that will help us provide you the best possible assistance.

The counseling services, which are provided to you, are part of the effort of the constituent institutions of KSBDC to respond to the growing needs of the business community. They are not intended to compete with, replace, or be a substitute for services, which are available from the private sector. Clients whose needs can be fully and affordably met by private-sector practitioners or firms will be encouraged to use those resources. It is necessary that everyone requesting assistance have a strong personal commitment to finding and implementing solutions to the issues and challenges facing the start-up or existing business.

KSBDC's goal is to have an open professional relationship between the counselor and the client.

As a new client of the KSBDC, we want to advise you of certain rights and responsibilities that you have as one of our clients.

Your Rights

- Expect all communications and information be kept confidential.
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- Expect courteous and professional service.
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- Be advised if the KSBDC is unable to provide services within the time frame required.
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- Know the counselor's name and KSBDC telephone number of the KSBDC person assisting you.
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- Receive one-to-one counseling free of charge.
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- Know the general nature and risks of your venture.
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- Express your opinion as to the quality of assistance you received and receive a response that addresses your concern(s).
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Your Responsibilities

- Talk openly with your counselor and provide all information necessary to enable the counselor to properly assist you.
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- Make available, upon request, current financial and operating data.
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- Provide information for your cash flow projections.
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- Write your business plan to the best of your ability.
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- Be honest and direct about everything related to you as an entrepreneur and your potential or existing business.
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- Notify your counselor if you do not understand the proposed plan of action.
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- Advise us of any concern or dissatisfaction you may have with the assistance being provided.
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- Ask questions about anything that is unclear.
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- Cooperate with your counselor and consider the recommendations your counselor may make to help you improve your business.

Clarification Of Our Role

The Kansas Small Business Development Center is **NOT** a lending agency. Based on your input, we assist you run, analyze and critique cash flow projections for accessing capital. This type of assistance **DOES NOT** imply an endorsement of your proposal by the KSBDC, nor does it indicate intent to approve your loan request by any lending institution or guaranty institution, public or private. We will provide advice on techniques and sources of information needed for a financial proposal. However, it is your responsibility to collect the needed information.

A business plan is an essential tool for every business. KSBDC counselors **DO NOT** write business plans; counselors will review and make recommendations to your business plan.

Confidential Information

We acknowledge that clients may, from time to time, divulge confidential and proprietary information during the course of the counseling relationship. Unless otherwise expressly authorized by the client by filling out and signing KSBDC Authorization to Release Information, we will not disclose to any person or entity the identity of any client to whom we have rendered services, or any confidential or proprietary information obtained from the client and identified as such by the client. Please note the KSBDC program is a partnership program and collaboration is necessary between funding partners. The U.S. Small Business Administration (SBA) and the Kansas Department of Commerce and Housing (KDOC&H) and Kansas Colleges and Universities provide funds for the KSBDC program. Limited information with respect to your client status (name, address, nature/scope of service, and amount of service) may be provided to those public agencies which fund the KSBDC or are responsible for auditing the financial and program performance of the KSBDC.

Proprietary Rights

All patents, patent applications, trade secrets, processes, formulas and other proprietary information arising out of or resulting from the services provided to a client by the Kansas Small Business Development Center pursuant to this request shall be and remain the property of the client. The Kansas Small Business Development Center shall make no claim against a client asserting any interest in such property.

Business Needs Assessment

The KSBDC counselor must develop an in-depth understanding of all aspects of your business or potential business. It may be necessary to conduct a Business Needs Assessment of your existing business in order for our counselor to properly advise and assist you.

Additional Client Requirements

You will be expected to cooperate with KSBDC in its ongoing efforts to assure the quality and effectiveness of the counseling services, which it provides. In this respect, the KSBDC will ask all clients who received counseling assistance to complete a written evaluation of the services provided. Clients may receive direct inquiries from the SBA and other public-sector agencies with respect to the services provided by the KSBDC. Your response to these inquiries is expected and will be greatly appreciated.

Since a portion of the KSBDC program funding is provided by the U.S. Small Business Administration, we are required to obtain a signed copy of a Request for Counseling, SBA Form 641, from all Kansas Small Business Development Center clients **before providing assistance**. The Form 641 will be signed prior to your first counseling session.

Quality Assurance

We WELCOME you as a client and encourage you to call us if you have any questions or comments regarding your rights and responsibilities with respect to our services. You can do so by calling the KSBDC state director from anywhere in Kansas toll free (1-877-625-7232).

Acknowledgement

I have read and understand the Kansas Small Business Development Center Statement of Understanding.

Signature and Title

Date