



**Initial Assessment for Start-up Businesses**

**Name(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Business Name: (If finalized)** \_\_\_\_\_

**Day Time Phone Number:** \_\_\_\_\_ **Evening Phone Number:** \_\_\_\_\_

In order to make your upcoming counseling session more effective, please answer all of the following questions, to the best of your ability. There are **no** right or wrong answers.

**Note: All information provided to the KSBDC is confidential.**

**How will owning and operating a business help you achieve your personal goals?**

  
  
  
  

**Describe your business idea in 25 words or less (please print or type):**

  
  
  
  

**Have you determined if there is a market (customer need and base) for your idea?    No    Yes**

**List all products or services you plan to offer your customers.**

  
  
  
  

**List any items (equipment, inventory, building, land, etc.) you own that may be used in your business.**

  
  
  
  

**What legal form of business organization do you intend to utilize?**

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Unknown
<input type="checkbox"/> Subchapter S Corporation	

**Why are you selecting this legal form of business organization?**

**When do you plan to open your business?**

**Describe any experience you or other members of your management team have in operating a business or the specific industry in which you will function:**

**Place a check mark in the blank which best describes you and key partners or managers in your company.**

	<b>Adequate Knowledge</b>	<b>Counseling Needed</b>	<b>Training Needed</b>
<b>Accounting and Bookkeeping</b>			
<b>Computer Experience</b>			
<b>Financial Management</b>			
<b>Marketing and Promotion</b>			
<b>Operations</b>			
<b>People Management</b>			
<b>Personnel Policies</b>			
<b>Planning</b>			
<b>Pricing</b>			
<b>Sales</b>			
<b>Taxes</b>			
<b>Other:</b>			
<b>Other:</b>			

**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 obtained and reviewed your credit report recently? \_\_\_ No \_\_\_ Yes**  
**If no, please order a credit report 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)

**Have you had a bankruptcy in the past 5 years? \_\_\_ No \_\_\_ Yes If yes why?**

**Have you been to or are any other organizations or resources currently assisting you?**  
**\_\_\_ No \_\_\_ Yes If yes, please list the other organizations or resources.**

**Will you need financing to start your business? \_\_\_ No \_\_\_ Yes**  
**If yes, please complete the enclosed Summary of Money needs form to the best of your ability and provide a copy of your credit report. Please note, most lenders will require you contribute approximately 25-30% cash**



"Growing Kansas Entrepreneurs"

## Summary of Money Needs

**NOTE: All information provided to the KSBDC is confidential.**

<b>1. Land _____ Building _____</b>	<b>\$ _____</b>	
<b>2. Machinery/equipment</b>	<b>\$ _____</b>	
<b>3. Furniture/office equipment</b>	<b>\$ _____</b>	
<b>4. Inventory/materials</b>	<b>\$ _____</b>	
<b>5. Professional fees, licenses, permits, insurance, deposits, etc.</b>		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
<b>6. Anticipated operating cash required (accounts receivable, marketing &amp; advertising, supplies, wages, utilities, and other)</b>		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
<b>7. Total project costs (add lines 1 thru 6)</b>		<b>\$ _____</b>
<b>8. <i>Personal funds you plan to invest in your business</i></b>	<b>\$ _____</b>	
<b>9. Amount invested by partners, stockholders, or other investors</b>		
_____	\$ _____	
_____	\$ _____	
<b>10. Total investment (line 8 &amp; line 9)</b>		<b>\$ _____</b>
<b>11. Balance of money to be financed (line 7 – line 10)</b>		<b>\$ _____</b>



## 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.

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**Signature and Title**

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**Date**