



**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

It is important that you check your credit report so that you know where you stand. You can obtain a free copy once every 12 months from each of the nationwide consumer credit reporting companies: Equifax, Experian and Transunion.

To order your free credit report, view <https://www.annualcreditreport.com> or call 1-877-322-8228.

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.

**Please bring this completed form to your appointment with the KSBDC.**

**Attach your credit report and score if you need financing.**

**If you started writing your business plan, please attach a copy.**

To find a center near you visit [www.ksbdc.biz](http://www.ksbdc.biz) or call Network Kansas at 1-877-521-8600.

**We will suggest the next best step for you based on the information you supply. All information provided to the KSBDC is confidential.**