



**Wichita State University Outreach Center
North Central Kansas Small Business Development Center
Initial Assessment for Existing Businesses**

Your Name: _____	Business Name: _____
Day Time Phone: _____	Evening Phone: _____
Fax: _____	Date: _____

In order to make your upcoming consulting session more effective, please answer the following questions to the best of your ability. All information provided to NCK SBDC will be confidential.

What type of business do you own? When did you start? Provide a brief history of your business.

What assistance would you like to receive from the NCK SBDC?

Do you need financing for your business? ____ yes ____ no

If you need financing, continue with the questions on this page. If you do not need financing, move on to page 2.

Lenders require that you contribute a cash minimum of 20-30% of the amount you borrow.

How much cash can you invest in your business? \$ _____

How much money do you need to borrow? \$ _____

If you currently do not have the minimum cash investment, how do you plan to raise the money?

Lenders seek collateral in addition to cash injection to secure a loan.

What is the approximate dollar value of the collateral you can provide? \$ _____

Lenders will request your credit report.

Request a free copy of your report from each of the three major national credit bureaus. ***Please order your report and submit a copy to the CCCC SBDC with this form. You will have to pay to receive your credit SCORE.***

- | | |
|--|----------------------------------|
| www.annualcreditreport.com | to receive all three at one time |
| http://www.experian.com/ | 888-397-3742 |
| http://www.transunion.com/ | 800-888-4213 |
| http://www.equifax.com/ | 800-685-1111 |

Indicate your legal form of business organization.

_____ **Sole Proprietorship**
_____ **Partnership**
_____ **Corporation**

_____ **Subchapter S Corporation**
_____ **Limited Liability Company**
_____ **Limited Liability Partnership**

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?

Check the blanks that best describe you and key partners or managers in your company.

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

We can better assess your status by reviewing copies of your last fiscal year and current year balance sheets and profit and loss statements and your previous year tax records. Please attach financial information to this form.

Please send this completed form, balance sheets, P&Ls, and tax records to this address. Phone (785) 243-9913 if you have questions.

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