



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

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 the NCK SBDC will be confidential.

Name(s): _____	Title: _____
Business Name: _____	Phone: _____
Fax: _____	E-mail: _____
Date: _____	Address: _____

What type of business do you plan to start? Briefly describe your business idea.

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

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

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

Why did you select this legal form?

When do you plan to open your business?

Have you considered a potential location? If so, where?

Describe any experience you or other members of your team have in operating a business.

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:			

Please send this completed form to the NCK SBDC. Include your credit report if you need financing.

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