

# SMALL AND EMERGING BUSINESS DEVELOPMENT PROGRAM

## CLIENT ASSESSMENT

Date: \_\_\_\_\_ Assessment Conducted By: \_\_\_\_\_

Business Name: \_\_\_\_\_ Certification #: \_\_\_\_\_

Owner(s) Interviewed: \_\_\_\_\_

Business Description: \_\_\_\_\_

Client Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### CLIENT NEEDS ASSESSMENT

**1. What experience(s) do you have that is helping you run this business?**

(Check all that apply – Provide Detail in Notes Below)

- |  |   |
|--|---|
| <input type="checkbox"/> Previously Owned a Business | <input type="checkbox"/> Training         |
| <input type="checkbox"/> Work Experience in Industry | <input type="checkbox"/> Education        |
| <input type="checkbox"/> Management Experience       | <input type="checkbox"/> Certification(s) |
| <input type="checkbox"/> Other: _____                |   |

**2. What do you feel is the most challenging issue or aspect of running your own business?**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Time         | <input type="checkbox"/> Getting/Retaining Customers |
| <input type="checkbox"/> Finances     | <input type="checkbox"/> Project Management          |
| <input type="checkbox"/> Marketing    | <input type="checkbox"/> HR/Employees                |
| <input type="checkbox"/> Other: _____ |  |

Notes:

**3. Have you completed an Entrepreneurial Training course?**

- ☐ No
- ☐ Yes – Year: \_\_\_\_\_

Course Name: \_\_\_\_\_  
(Please provide evidence of completion)

**4. Are you currently employed outside your business?**

- ☐ No
- ☐ Yes, Part-time
- ☐ Yes, Full-time

**5. Please check all of the following computer programs you currently use (or would like to use) in your business and indicate your degree of proficiency:**

	<u>Use:</u>	<u>Like to Use:</u>	<u>Proficiency:</u>		<u>Comments:</u>
Word processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proficient	<input type="checkbox"/> Need Training	_____
Spreadsheets/Databases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proficient	<input type="checkbox"/> Need Training	_____
Accounting Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proficient	<input type="checkbox"/> Need Training	_____
Presentation Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proficient	<input type="checkbox"/> Need Training	_____
Web Design or Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proficient	<input type="checkbox"/> Need Training	_____
Inventory/Sales Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proficient	<input type="checkbox"/> Need Training	_____
Industry Specific Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proficient	<input type="checkbox"/> Need Training	_____
Other Program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proficient	<input type="checkbox"/> Need Training	_____

Notes:

## BUSINESS NEEDS ASSESSMENT

### 6. Does this business have the following:

Written Business Plan: ☐ No ☐ Yes, Date: \_\_\_\_\_

Written Marketing Plan: ☐ No ☐ Yes

Data Back-Up System: ☐ No ☐ Yes

Written Personnel Policies: ☐ No ☐ Yes ☐ N/A

Hudson Certification: ☐ No ☐ Yes ☐ N/A

Written Business Continuity & Disaster Plan: ☐ No ☐ Yes

Computerized Inventory: ☐ No ☐ Yes ☐ N/A

Computerized Accounting System: ☐ No ☐ Yes ☐ N/A

Buy-Sell/Succession Agreement: ☐ No ☐ Yes ☐ N/A

Credit/Debt Collection Policies: ☐ No ☐ Yes ☐ N/A

Business Licenses & Permits: ☐ No ☐ Yes ☐ N/A

## BASIC BUSINESS INFORMATION

### 7a. What is the current status of your business?

- ☐ In business, but not yet selling my product or service.  
☐ Selling my product or service for less than 12 months.  
☐ Selling my product or service for 1-5 years.  
☐ Selling my product or service for more than 5 years.

7b. Date Started: \_\_\_\_\_

### 8a. Under what form of ownership is the firm now operating?

- ☐ Sole Proprietorship ☐ C Corporation  
☐ Partnership ☐ S Corporation  
☐ LLC

8b. If applicable, are they meeting corporate filing requirements? ☐ No ☐ Yes

### 9. Which of the following best describes your business?

- ☒ Lifestyle ☐ Growth  
☐ Franchise ☐ Other: \_\_\_\_\_

### 10. Which statement best describes the location of your business?

- ☐ Home-based ☐ Office ☐ Online  
☐ Warehouse ☐ Factory ☐ Store  
☐ Other: \_\_\_\_\_

Notes:

## ACCOUNTING & FINANCE

### 11a. How often are financial statements generated and analyzed?

- ☐ Monthly ☐ Without schedule ☐ Not at all  
☐ Quarterly ☐ Annually

11b. Who analyzes them? \_\_\_\_\_

### 12. Does the owner/manager know what the working capital requirements of the firm are?

- ☐ No – Why Not? \_\_\_\_\_  
☐ Yes

### 13. What is the firm's credit history?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

### 14. Is the firm capitalized enough to survive a downturn in sales or other unforeseen events?

- ☐ No, the firm is highly leveraged  
☐ Some leverage exists, but capital is still adequate  
☐ Yes, there is more than enough capital

### 15. What is the trend of the firm's credit history?

- ☐ Improving ☐ Stable ☐ Getting worse

### 16. Has the firm experienced cash flow problems in the last six months?

- ☐ No  
☐ Yes - List any lenders/AP & past due amounts in Notes

Notes:

## LEGAL COMPLIANCE

### 17. Check any of the following with which the firm is out of compliance.

- ☐ IRS: Federal Income Tax ☐ State Workers Compensation ☐ Federal Payroll Withholding Tax  
☐ FICA ☐ State Payroll Withholding ☐ SUTA  
☐ Federal Workers Compensation ☐ State Sales Tax ☐ Business/Occupational Licenses  
☐ Other: \_\_\_\_\_

## MARKETING & SALES

### 18. How do you market your business?

(Check all that apply)

☐ Word-of-Mouth

☐ Print Ads

☐ Radio/TV Ads

☐ Internet Ads

☐ Website

Web Address: \_\_\_\_\_

☐ Social Media

List Sites: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Is this effective?

☐ No ☐ Yes

☐ No ☐ Yes

☐ No ☐ Yes

☐ No ☐ Yes

☐ No ☐ Yes

☐ No ☐ Yes

☐ No ☐ Yes

### 19. Has the firm conducted any market research?

☐ No

☐ Yes – What type and what results?

### 20. Describe your target market. (Demographic, Location)

### 21. Does the firm have a logo?

☐ No ☐ Yes

### 22. The firm's sales are?

☐ Increasing

☐ Decreasing

☐ Unchanged

☐ I have not sold anything yet.

### 23a. Do you sell your products and services to other states in the US outside of Louisiana?

☐ No (Skip Question 23b) ☐ Yes

### 23b. Approximately what percentage of your sales are from states, other than Louisiana? \_\_\_\_\_ %

### 24a. Do you export your goods and services outside of the US?

☐ No (Skip Question 24b) ☐ Yes

### 24b. Approximately what percentage of your sales are from outside the US? \_\_\_\_\_ %

Notes:

## PURCHASING AND INVENTORY CONTROL

### 25. Are policies in place dictating who is authorized to purchase goods or services?

☐ No ☐ Yes

### 26. Does the firm have problems with any of the following? (Check all that apply)

☐ Shortages ☐ Back Orders ☐ Changing prices

### 27. What system is used for determining the following? Briefly Explain.

Minimum Inventories: \_\_\_\_\_

Order Points: \_\_\_\_\_

Order Quantities: \_\_\_\_\_

### 28. Have potential vendors been met with & verified that they can meet price, quality, and service requirements?

☐ No ☐ Yes

### 29. Does the firm purchase at a volume that would allow discounts or buying direct from manufacturers?

☐ No ☐ Yes

Notes:

## PERSONNEL MANAGEMENT & INSURANCE

**30. Does the firm have any employees?**

- ☐ No (Skip to Question 21)  
☐ Yes – Number of Part-Time? \_\_\_\_\_ Full-Time? \_\_\_\_\_

**31. Do employees know company & personnel policies?**

- ☐ No  
☐ Yes

**32. Do you have problems with any of the following? (Check all that apply)**

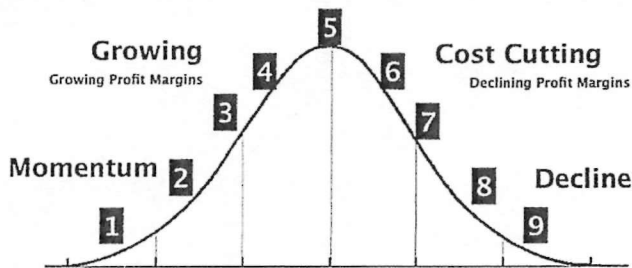
- ☐ Finding and Hiring Qualified Employees  
☐ Training Employees  
☐ High-Turnover/Trouble Keeping Employees  
☐ Employee Disputes  
☐ Other HR issues: \_\_\_\_\_

**33. Which of the following types of insurance does the firm have in effect? (Check all that apply)**

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Property              | <input type="checkbox"/> Liability    |
| <input type="checkbox"/> Automobile            | <input type="checkbox"/> Group Life   |
| <input type="checkbox"/> Group Health          | <input type="checkbox"/> Disability   |
| <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Key-Person   |
| <input type="checkbox"/> Business Continuity   | <input type="checkbox"/> Other: _____ |

**Notes:**

## BUSINESS INNOVATION



**34. Which number best illustrates where your organization is on this business life cycle.** \_\_\_\_\_

**35. Approximately how many new products or services have you introduced in the last 3 years?**

\_\_\_\_\_ New Products or Services

**36. Approximately what percentage of your sales today are from products or services that you did not offer 3 years ago?**

\_\_\_\_\_ % of Sales are from New Products or Services

**37. Approximately what percentage of your sales today are to customers that you did not sell to 3 years ago?**

\_\_\_\_\_ % of Sales are from New Customers

**38. How many patents does your organization own or license?**

\_\_\_\_\_ Patents Owned/Licensed

## ADDITIONAL QUESTIONS FOR MANUFACTURING FIRMS

**39. Do you develop your own products, or do you produce products designed/developed by your customers?**

- ☐ We design/develop our own products  
☐ We only build products to customers' specifications  
☐ Both. We design some products and build to certain customers' specifications

**40. Do you have a formal, documented quality system?**

- ☐ We have almost nothing in writing  
☐ Some of our procedures or specifications are in writing  
☐ We have one or more major customer certifications  
☐ We are ISO/QS 9000 registered/compliant or meet other guidelines

**41. Do you have a structured, documented procedure used regularly to estimate the cost of new jobs?**

- ☐ Not at all.  
☐ Yes, for products similar to existing products  
☐ Yes, for products over a certain dollar threshold  
☐ Yes, for most products  
☐ Yes, for all products

**42. Do you perform Cost/Benefit Analysis before purchasing, trading, or upgrading equipment?**

- ☐ No analysis is performed  
☐ We attempt the analysis but need help  
☐ Yes, we perform the analysis

**43. Does your accounting system account for work in process?**

- ☐ No ☐ Yes

**Notes:**



## PERSONAL FINANCIAL INFORMATION

Please indicate the owner's name, percent ownership, and personal net worth for at least 51% of the company.

### Calculate the Personal Net Worth of the Business Owner(s)

	Owner 1	Owner 2	Owner 3
<b>Name:</b>			
<b>Percent Ownership:</b>			
<b>Part 1: Calculate the Net Value of the Owner's Personal Assets</b>			
Total Value of Personal Assets:	\$	\$	\$
<b>Minus:</b> Value of Home (if owned):	\$	\$	\$
<b>Minus:</b> Value of Retirement Assets:	\$	\$	\$
<b>= NET VALUE OF PERSONAL ASSETS:</b>	\$	\$	\$
<b>Part 2: Calculate Owner's Personal Debt</b>			
Total Amount of Owner's Personal Debt:	\$	\$	\$
<b>Minus:</b> Home Mortgage Debt (if any):	\$	\$	\$
<b>= TOTAL PERSONAL DEBT:</b>	\$	\$	\$
<b>Part 3: Calculate the Personal Net Worth</b>			
Net Value of Owner's Personal Assets:	\$	\$	\$
<b>Minus:</b> Total Personal Debt:	\$	\$	\$
<b>= PERSONAL NET WORTH SUBTOTAL:</b>	\$	\$	\$
<b>If married, divide the Personal Net Worth Subtotal by 2 to get the Total Personal Net Worth.</b>			
<b>= TOTAL PERSONAL NET WORTH:</b>	\$	\$	\$

## BUSINESS FINANCIAL STATEMENTS

Please attach the current financial statements for this business and fill-in the row at the bottom of the page. If these are not available, complete the calculations with the client to gather the information.

### Calculate Business Net Worth

Total Business Assets: \$ \_\_\_\_\_

Minus: Total Business Liabilities: \$ \_\_\_\_\_

= BUSINESS NET WORTH: \$ \_\_\_\_\_

### Calculate Business Net Profit or Loss

If your business is less than 12 months old

What were your total sales in the last month?  
\$ \_\_\_\_\_

Are most months like this? ☐ No ☐ Yes

If no, please explain and provide an average month's sales.

What were your total business expenses in the last month?  
\$ \_\_\_\_\_

Are most months like this? ☐ No ☐ Yes

If no, please explain and provide an average month's expenses.

#### Calculate Net Profit or Loss:

Multiply Average Monthly Sales and Expenses by 12.

Approx. Annual Sales: \$ \_\_\_\_\_

Approx. Annual Expenses: \$ \_\_\_\_\_

Approx. Annual Sales – Approx. Annual Expenses =

Net Profit/Loss = \$ \_\_\_\_\_

If your business is more than 12 months old

Total sales over the last 12 months?  
\$ \_\_\_\_\_

Total business expenses over the last 12 months?  
\$ \_\_\_\_\_

#### Calculate Net Profit or Loss for the last 12 Months:

Total Sales – Total Business Expenses =  
\$ \_\_\_\_\_

Business Net Worth =  
\$ \_\_\_\_\_

Total Sales =  
\$ 0 \_\_\_\_\_

Total Business Expenses =  
\$ 0 \_\_\_\_\_

Net Profit or Loss =  
\$ 0 \_\_\_\_\_

## SEBD CLIENT ACTION PLAN

**Recommended First Step:** (Please include the contact names of any referrals given for additional assistance)

**Action To Be Taken:**

**Date Due:**

**Recommended Second Step:**

**Action To Be Taken:**

**Date Due:**

**Recommended Third Step:**

**Action To Be Taken:**

**Date Due:**

**Additional Recommendations/Referrals:**

Intermediary – Please indicate which, if any, of the following programs or services you feel this client would qualify for and benefit from.

☐ Bonding Assistance Program

☐ Small Business Loan and Guaranty program

☐ Economic Gardening

☐ State Tax Incentives (R&D, Enterprise Zone, Quality Jobs, Digital Media, Angel Investor, etc.)

☐ State Trade and Export Promotion (STEP) program

☐ Other: \_\_\_\_\_

To gain the best outcome from completing the Client Assessment, you are encouraged to work with your Intermediary (Contractor) on the assistance recommended above. The Intermediary's recommendations can provide you with the knowledge and tools to further develop your own business skills and to improve the odds your business will succeed.

**SEBD Client Verification of Information**

I, \_\_\_\_\_, certify that I am the duly authorized representative of the business entity identified herein and that the abovementioned statements and data provided herein, are correct, true, and include all material information necessary to identify and explain the technical and business needs of the company and the owner(s).

\_\_\_\_\_ Type your initials here to verify that you read the above statement and have complied to the best of your knowledge.

**Confidentiality Statement**

Louisiana Economic Development and its SEBD Contractor agree that any financial or proprietary business information submitted pursuant to this Assessment which are in their nature and designated as confidential and submitted for purposes of allowing Louisiana Economic Development and its SEBD Contractor to investigate or to examine the business of such private firm in connection with the statutory duties of Louisiana Economic Development, shall be considered to be and maintained as confidential and proprietary information within the meaning of LA.R.S. 44:4(3); and Louisiana Economic Development and its SEBD Contractor shall use all reasonable means to maintain such confidentiality, and shall not disclose such information to any third party except as permitted in the Assessment or as required by law.

SEBD Contractor Electronic Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_