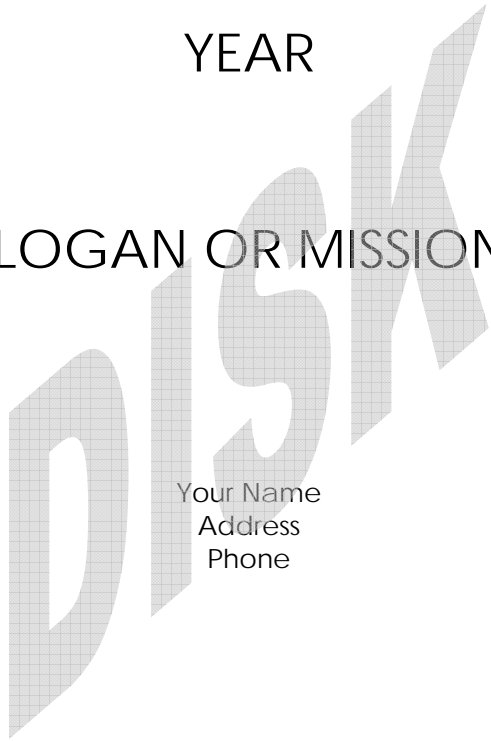


BUSINESS PLAN

COMPANY NAME

YEAR

GRAPHIC, SLOGAN OR MISSION STATEMENT



Your Name
Address
Phone

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STATEMENT OF PURPOSE

I. EXECUTIVE SUMMARY

Financial Goals

-
-
-

Non-Financial Goals

-
-
-

II. **BUSINESS DESCRIPTION**

A. Structure of Business

B. Products/services

C. Location

D. Hours of Operation

E. Company Strategy and Objectives

III. INDUSTRY PROFILE

VI. MARKET ANALYSIS

A. Customer Profile/Demographics

B. Competitors

V. MARKETING PLAN

A. Marketing Strategy

B. Pricing

C. Sales Strategy

D. Advertising and Promotions

BUSINESS NOW BUSINESS PLAN - MARKETING PLAN

(Submit this form in your Business Plan)

BUSINESS NAME _____

Over the past year, I have had \$ _____ in sales to _____ customers.

| 2. MARKETING SCHEDULE | | | | | |
|-----------------------|--------------------|----------------|------|---------------------|-----------------|
| MONTH | MARKETING ACTIVITY | MARKETING TOOL | COST | NUMBER OF CUSTOMERS | AMOUNT OF SALES |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| TOTAL | | | | | |

1. Sample Marketing Tools (Attached)

VI. OPERATIONS PLAN

A. Supplies

B. Suppliers

C. Tools and Equipment

D. Products or Service Activity

E. Delivery (If Applicable)

F. Inventory Control (If applicable)

G. Legal Advisor

H. Insurance

I. Accounting

BUSINESS *NOW* OPERATIONS PLAN: STEP 1: QUALITY

BUSINESS NAME _____

Quality Improvements I will make to my products and services:

Cost of making my product or service:

Time it takes to make my product or service:

BUSINESS NOW OPERATIONS PLAN: STEP 3, TIME

BUSINESS NAME _____

| PRODUCTION OR SERVICE ACTIVITY | TIME |
|--|------|
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL PRODUCTION OR SERVICE TIME | |
| TIME PER PRODUCT OR SERVICE (Divide by number of products or services.) | |

| MANAGEMENT ACTIVITY | TIME |
|-------------------------------|------|
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL MONTHLY MANAGEMENT TIME | |

Mark improvements with a **"**"**.

BUSINESS NOW BUSINESS PLAN: PRICING PLAN

BUSINESS NAME: _____

I. MARKET PRICE

II. Pricing System:

III. Market Price for a typical Product or Service:

IV. PROFITS:

A. Gross Profit for 1 Product or Service:

| | |
|---|--|
| PRICE | |
| COST OF GOODS | |
| GROSS PROFIT per Product or Service (Price - Cost) | |

B. Breakeven Point: How many products or services you have to sell to cover your costs.

| | |
|---|--|
| MONTHLY EXPENSES | |
| SAVINGS/DEPRECIATION | |
| TOTAL MONTHLY EXPENSES (Monthly Expenses + Savings/Depreciation) | |
| BREAKEVEN POINT (Total expenses <u>divided by</u> Gross Profit per product or Service) | |

C. Annual Profit Goal

| | |
|--|--|
| NUMBER OF PRODUCTS OR SERVICES TO SELL | |
| PRICE | |
| SALES (Number x Price) | |
| COST OF GOODS (Number x Cost of Goods per product or service) | |
| ANNUAL GROSS PROFIT | |
| ANNUAL EXPENSES (Total Monthly Expenses X 12) | |
| ANNUAL PROFIT (Annual Gross Profit - Annual Expenses) | |

BUSINESS NOW BUSINESS PLAN: PRICING PLAN

BUSINESS NAME: _____

V. WAGES

A. Hourly Wage per Product or Service

| | |
|---|--|
| Gross Profit per Product or Service | |
| Time: Production or Service time per Product or Service | |
| Hourly Wage (Gross Profit divided by Time) | |

B. Hourly Wages for the Year

| | |
|---|--|
| ANNUAL PROFITS | |
| ANNUAL PRODUCTION OR SERVICE TIME: (Production or Service time per Product or Service, X Number to sell.) | |
| ANNUAL MANAGEMENT TIME: (Monthly Management Time x 12 months) | |
| TOTAL TIME: (Production or Service time + Management time) | |
| HOURLY WAGES (Annual Profit <u>divided by</u> Total Time) | |

VII. FINANCIAL PLAN

BUSINESS NOW/BUSINESS PLAN

**FINANCIAL PLAN,
PART 1**

HOUSEHOLD BUDGET AND REPORTING SHEET

BUSINESS NAME: _____ **MONTH:** _____ **BUDGET/ACTUAL?** _____

FINANCIAL GOAL: _____

| MONTHLY INCOME | (SECTION A) |
|--------------------------|-------------|
| Salary (yours) | |
| Salary (Spouse/Partner) | |
| Business | |
| Child Support | |
| TANF (AFDC) | |
| Social Security | |
| Food Stamps | |
| Fuel Assistance | |
| Child Support | |
| Foster/child care | |
| Spousal Support | |
| Other | |
| TOTAL SECTION (A) | |
| | |
| MONTHLY EXPENSES | (SECTION B) |
| Rent | |
| Heat | |
| Gas | |
| Electricity | |
| Water | |
| Food | |
| Day Care | |
| Clothing Laundry | |
| Auto Payment | |
| Auto Gas | |
| Bus/Taxi | |
| Insurance | |
| Other | |
| TOTAL SECTION (B) | |

| MONTHLY INCOME | (SECTION A) |
|---------------------------------------|-------------|
| SAVINGS: SUBTRACT SECTIONS A AND B | |

| ASSETS:WHAT YOU OWN (C) | |
|--------------------------|--|
| Home Value | |
| Auto Value | |
| Savings | |
| Checking | |
| Cash | |
| Other | |
| Other | |
| | |
| | |
| | |
| TOTAL SECTION (C) | |
| | |
| DEBTS: WHAT YOU OWE (D) | |
| Auto Loan | |
| Credit Card | |
| Credit Card | |
| Credit Card | |
| Student Loan | |
| Other | |
| Other | |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL SECTION (D) | |

| | |
|--|--|
| ASSETS:WHAT YOU OWN (C) | |
| | |
| TOTAL SECTION (D) | |
| WEALTH: SUBTRACT SECTIONS C AND D | |

FINANCE PLAN INCOME FLOW SHEET

BUSINESS NOW BUSINESS PLAN

BUSINESS NAME _____

PERIOD COVERED: _____

| MONTH | | | | | | | | | | | | | TOTAL |
|------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|-------|
| SALES | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| TOTAL SALES | | | | | | | | | | | | | |
| COST OF GOODS | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | |
| TOTAL COST OF GOODS | | | | | | | | | | | | | |
| GROSS PROFIT (sales-cost of goods) | | | | | | | | | | | | | |
| EXPENSES | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | |
| TOTAL EXPENSES | | | | | | | | | | | | | |
| OPERATING PROFIT (GP - Expenses) | | | | | | | | | | | | | |
| INCOME TAX | | | | | | | | | | | | | |
| INVESTMENTS/LOAN PAYMENTS | | | | | | | | | | | | | |
| OWNER'S SALARY | | | | | | | | | | | | | |
| NET PROFIT | | | | | | | | | | | | | |

BUSINESS NOW

FINANCIAL PLAN: SOURCE OF FUNDS

For the duration of this business plan, I will invest ___\$_____ of my own funds in my business.

I will look for ___\$_____ in outside financing.

Total Finance: ___\$_____.

I plan to use these funds for:

| AMOUNT | USE |
|--------|-----|
| | |
| | |
| | |
| | |
| | |

I hope to get the funds from:

If there is a loan, what will be the repayment period and interest rate on the loan?

VIII. CLOSING REMARKS