SIMPLE BUSINESS PLAN

	OWNER INFORMATION				
OWNER NAME					
ADDRESS					
PHONE NUMBER					
FAX NUMBER					
E-MAIL					
APPLICATON DATE					

REQUEST INFORMATION							
PURPOSE START OR BUY A RESEARCH A EXPAND/ IMPROVE SAVE A							
(Circle One)	BUSINESS	BUSINESS	BUSINESS	BUSINESS			
ASSISTANCE TYPE	LOAN	GRANT	ASSISTANCE	OTHER			
(Circle all that apply)	LOAN	OKAIVI	ASSISTANCE				

PROPOSED PROJECT BUDGET							
CATEGORY OWNER BANK TOTAL (Owner + Bank Total							
Cash							
Inventory							
Equipment							
Boats or Vehicles							
Building							
Land							
Pay off loans							
Pay Inspectors							
Pay							
Pay							
TOTAL							

BUSINESS DESCRIPTION							
BUSINESS NAME							
START DATE							
BUSINESS DAYS							
BUSINESS HOURS							
LOCATION (S)							
	1.						
BUSINESS GOALS	2.						
	3.						
BUSINESS FORM	Sole Proprietor Partnership Corporation Other						
(Circle One)	Sole Population Farmership Corporation ————						
BUSINESS ACTIVITY	Agriculture	Fishing	Wholesale	Retail	Transport	Service	Other
(Circle One)	715110411410	1 isining	***110105410	recuii	Transport	Service	

	NAME	TITLE	% OWNERSHIP	YEARS WITH BUSINESS
OWNER (S)				
# EMPLOYEES				
			EDUCATION	YEARS
	FUNCTION	NAME	LEVEL	EXPERIENCE
KEY STAFF	MANAGEMENT			
	ACCOUNTING			
	MARKETING			
	HUMAN RESOURCES			

PRODUCT AND SERVICES INFORMATION					
MAIN PRODUCT(S)					
OR SERVICE(S)					
BENEFIT TO					
CUSTOMER					
DIFFERENCE					
W/ COMPETITOR					
PERCENT OF					
TOTAL SALES					
HOW PRODUCT					
DELIVERED					
HOW PRODUCT					
ADVERTISED					

	MARKET AND COMPETITOR INFORMATION							
MARKET	CHARACTERISTIC	PRODUCT #1	PRODUCT #2					
DESCRIPTION	Geographic							
	Consumer or Business							
	Level of Education							
	Gender							
	Age							
COMPETITION	CHARACTERISTIC	PRODUCT #1	PRODUCT #2					
	Competitor's Name							
	Location							
	Product Names							
	Facilities & Equipment							
	How Priced							
	How Delivered							
	Quality or Quantity	·						
	Next Competitor Name							
	Other:	<u> </u>						

OTHER FORMS TO PROVIDE				
1. Signed NDBP "Credit Check" Forms.				
2. Signed Employment Verification Forms if applicable.				
3. Three years of projected profit/loss statements if any.				
4. Completed NDBP personal financial statement form for owner (s) and guarantor (s).				

FINANCIAL SUMMARY

BALANCE SHEET

1.	As	sets	YEAR 1	YEAR 2	YEAR 3	YEAR 4
	a.	Cash on Hand				
	b.	Cash in Bank				
	c.	Accounts Receivable				
	d.	Inventory				
	e.	Furniture & Equipment				
	f.	Buildings				
	g.	Land				
	h.	Total Assets				
2.	Lia	abilities				
	a.	Overdrafts				
	b.	Accounts Payable				
	c.	Short Term Loans				
	d.	Current Portion – Long Term Debt				
	e.	Long Term Debt				
	f.	Other Liabilities				
	g.	Total Liabilities				
3.	Eq	uity				
	a.	Owner Investment				
		Premium Paid-in				
	c.	Retained Earnings				
	d.	Total Equity				

^{*} Note Total Assets must equal Total Liabilities + Total Equity

INCOME STATEMENT

COME STATEMENT						
Sales						
a. # Units						
b. Unit Price						
c. Total Sales (#1a x 1b)						
Cost of Goods Sold						
Gross Margin (#1c – 2)						
Expenses						
a. Salaries						
b. Lease or Rent						
c. Power						
d. Water						
e. Phone						
f. Gross Receipts Tax						
g						
h						
i. Total Expenses						
Net Income (#3 – 4i)						
Less Payment to Owner						
Add/Less Other Adjustments						
Profit to Retained Earnings						
	a. # Units b. Unit Price c. Total Sales (#1a x 1b) Cost of Goods Sold Gross Margin (#1c - 2) Expenses a. Salaries b. Lease or Rent c. Power d. Water e. Phone f. Gross Receipts Tax g h i. Total Expenses Net Income (#3 - 4i) Less Payment to Owner Add/Less Other Adjustments	Sales a. # Units b. Unit Price c. Total Sales (#1a x 1b) Cost of Goods Sold Gross Margin (#1c - 2) Expenses a. Salaries b. Lease or Rent c. Power d. Water e. Phone f. Gross Receipts Tax g	Sales a. # Units b. Unit Price c. Total Sales (#1a x 1b) Cost of Goods Sold Gross Margin (#1c - 2) Expenses a. Salaries b. Lease or Rent c. Power d. Water e. Phone f. Gross Receipts Tax g h i. Total Expenses Net Income (#3 - 4i) Less Payment to Owner Add/Less Other Adjustments	Sales a. # Units b. Unit Price c. Total Sales (#1a x 1b) Cost of Goods Sold Gross Margin (#1c - 2) Expenses a. Salaries b. Lease or Rent c. Power d. Water e. Phone f. Gross Receipts Tax g		

^{*} Note Profit to Retained Earnings should equal Balance Sheet increase from between year to year if no other adjustments are made.

Add additional Sheets if necessary

Prepared by: ______ Date: ______