



SMALL BUSINESS BUREAU
Promoting Entrepreneurship

BUSINESS PLAN

COMPANY INFORMATION:

Start up: Existing business:

A. NAME OF COMPANY/BUSINESS:

Name(s) of Applicant(s):

Phone(s):

Email:

B. TYPE OF PRIMARY PRODUCT OR SERVICE:

C. BUSINESS LOCATION:

D. SHORT HISTORY OF THE BUSINESS:

1. GIVE A BRIEF HISTORY ABOUT YOUR BUSINESS:



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BUSINESS PLAN

2. EVOLUTION / CHANGES IN THE BUSINESS SINCE INCEPTION:

Empty dotted-line box for writing the evolution and changes in the business since inception.

II. BUSINESS STRATEGY / GOALS:

What is the vision for your business? What do you want to accomplish by the end of this year, in five years, in fifteen years? What steps can you take toward achieving your business goals? How do you want to be remembered by the business community, family, friends and colleagues?

Large empty dotted-line box for writing the business strategy and goals.

C. MISSION STATEMENT

Please write a brief statement that summarizes and clarifies the core purpose of your business.

Empty dotted-line box for writing the mission statement.



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BUSINESS PLAN

III. PRODUCT / SERVICE DESCRIPTION:

A. DESCRIBE:

What are your products features and benefits? What makes your product unique from the competition's? What need or want does your product satisfy? Why should a customer purchase your product or service and not the competitions? What is its shelf life or life span? Are there any special considerations for your product or service (copyrights, patents, packaging, etc.)?



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BUSINESS PLAN

IV. MARKET ANALYSIS

A. MARKET RESEARCH

How well do you know your market? Does the market have room for more competitors? Is the market large enough for your business to grow?

B. WHAT ARE YOUR COMPETITORS' STRENGTHS AND WEAKNESSES?

Strengths:

Weakness:

C. CUSTOMER PROFILE:

What is your average number of customers? How many customers do you think can contribute to 20% or more of your sales revenue? Where are your customers located geographically?



SMALL BUSINESS BUREAU
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D. WHO IS YOUR COMPETITION?

How many competitors do you have? What is the nature of the competition? Have any competitors recently gone out of business?

List your four major competitors:

	<u>NAME</u>	<u>LOCATION</u>	<u>% OF MARKET</u>
1.			
2.			
3.			
4.			

Complete the following comparison between your business and your four major competitors. Rate on a scale of one to five, with five being the highest score.

Criteria	You	1	2	3	4
PRODUCT OR SERVICE					
PRICE					
QUALITY					
EXPERIENCE					
CUSTOMER SERVICE					
REPUTATION OR IMAGE					
ADVERTISING					
LOCATION					
FACILITIES					



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V. MARKETING PLAN

- A. WHAT IS YOUR PRODUCT STRATEGY?**
- B. WHAT IS YOUR PRICING STRATEGY?**
- C. WHAT IS YOUR PROMOTION STRATEGY (INCLUDING SALES)?**
- D. WHAT IS YOUR DISTRIBUTION STRATEGY?**

A large, empty rectangular box with a dotted border, intended for the user to provide answers to the marketing plan questions listed above.



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VI. FINANCIAL PLAN

A. CREDIT POLICY

B. CASH FLOW PROJECTIONS

Description	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Beginning Month/Year						
Beginning Cash Balance [a]	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Cash Sales						
Accounts Receivable Collected						
Grant Proceeds						
Owner Investment						
Other Receipts						
Total Cash Received [b]	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Cash Available [c] (a+b)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
EXPENSES						
Salary Expense						
Rent & Utilities						
Transportation						
Operating Expense						
Materials (stock)						
Capital Expenditures						
Owners Draw						
Other						
Total Cash Disbursed [d]	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Operating Cash Flow [e] (c-d)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Loan Payments (Principal & Interest) (f)						
Ending Cash Balance (e-f)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



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VII. NEXT STEPS AND ACTION PLAN

A. CAPITAL REQUIREMENT FOR THE BUSINESS

Empty dotted-line box for capital requirement details.

B. WHAT WILL BE YOUR BREAK-EVEN POINT?

Formula:
$$\frac{\textit{Total Investment}}{\textit{Average monthly sales} - \textit{Average monthly expense}} = \textit{No. of months to break even}$$

C. HOW WILL THE PURCHASE HELP YOUR BUSINESS?

Empty dotted-line box for purchase impact details.



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Promoting Entrepreneurship

BUSINESS PLAN

D. HOW LONG TO MAKE PROJECT OPERATIONAL AND FULLY PRODUCTIVE?

Empty dotted-line box for response.

VIII. SWOT ANALYSIS OF THE BUSINESS

A. STRENGTHS

Empty dotted-line box for response.

B. WEAKNESSES

Empty dotted-line box for response.



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C. OPPORTUNITIES

Empty dotted-line box for writing opportunities.

D. THREATS

Empty dotted-line box for writing threats.

E. Suggested Supporting Documents

Include documents that are of interest such as:

- a) Resume
- b) Copies of contracts with suppliers
- c) Letters of reference



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GRANT APPLICATION FORM

Have you ever applied for a Small Business Bureau (SBB) grant?

Yes

No

If yes, please state if the grant was disbursed, and when _____.

I, the undersigned, do hereby apply for the grant of G\$_____ [in words
_____ dollars.

I do also declare that I:

- ✓ am **not** employed by the Government of Guyana.
- ✓ employ **not more than** 25 persons.
- ✓ have a gross annual revenue of **not more than** G\$60 million.
- ✓ have total business assets of **not more than** G\$20 million.

In support of my application I have also submitted a **complete** business plan with the **attached quotations** for the **full value** of the amount as per this application.

I the undersigned hereby verify that **everything** I have indicated in this form is **true**. Furthermore, I hereby agree that if successfully approved for a grant under the Small Business Development Fund (SBDF) executed by the Small Business Bureau (SBB) Grant Committee, that I will utilise the funds only for the purpose and activities identified in my submitted business plan.

FOR OFFICIAL USE

Submitted by: _____

Date: _____

Date: _____

Reviewed and
Verified by:

Date:

____/____/_____
dd/mm/yyyy