

Business Action Plan

Business Development Center
2304 W. 29th, Pine Bluff, AR 71603, or
502 Cherry Street, Helena-West Helena 72342



Client

First name: _____ MI: _____ Last name: _____

Is this business a start-up: Yes No

Action Plan

Client needs the following to achieve goals:

- | | |
|---|--|
| <input type="checkbox"/> Feasibility study | <input type="checkbox"/> Financial Projections |
| <input type="checkbox"/> Market research | <input type="checkbox"/> Repair credit |
| <input type="checkbox"/> Review credit report | <input type="checkbox"/> Business training |
| <input type="checkbox"/> Obtain licenses | <input type="checkbox"/> Enroll in IDA |
| <input type="checkbox"/> Apply for loan | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Business plan | |

Assessment of Current Situation

Current credit situation: _____ Family support: Yes No

Why start/expand business? _____

Knowledge needed to start/expand business: _____

Current and required experience: _____

Time to be spent in the business: _____

Financial resources being brought to the business: _____

Income source while working on starting/expanding business: _____

Current debt level: \$ _____

Preparation made to start business?

- Feasibility study
- Market research
- Financial Projections
- Business training
- Enroll in IDA
- Other: _____

Plan of Action

Plan to attend Southern Good Faith Fund training/workshop:

- FasTrac Date: ___ / ___ / _____
- Home-based Business Date: ___ / ___ / _____
- Business Side of Child Care Date: ___ / ___ / _____
- Various Workshop Date: ___ / ___ / _____
- IDA Economic Classes Date: ___ / ___ / _____
- Other: _____ Date: ___ / ___ / _____

Credit repair:

- Session with CCCS Date: ___ / ___ / _____
- Consolidate debt Date: ___ / ___ / _____
- Pay off certain debts Date: ___ / ___ / _____
- Other: _____ Date: ___ / ___ / _____

Technical assistance requested:

- Marketing Date: ___ / ___ / _____
- Market research Date: ___ / ___ / _____
- Streamline financials Date: ___ / ___ / _____
- Pricing Date: ___ / ___ / _____
- Other: _____ Date: ___ / ___ / _____

Capital Source

Amount of loan required: \$ _____ Proposed loan application date: ___ / ___ / _____

Complete plan/feasibility study Date: ___ / ___ / _____

Proposed completion date Date: ___ / ___ / _____

Amount of personal funds: \$ _____ Date: ___ / ___ / _____

Amount of child care grant: \$ _____ Application date: ___ / ___ / _____

Amount other sources financing: \$ _____ Date: ___ / ___ / _____

IDA saving amount: \$ _____ IDA enrollment date: ___ / ___ / _____

IDA match amount: \$ _____ IDA purchase date: ___ / ___ / _____

Follow-up Plan

Counselor's name:

- Angela Austin Date: ___ / ___ / _____
- Pat Scott Date: ___ / ___ / _____
- Miriam Karanja Date: ___ / ___ / _____
- Vita Fielder Date: ___ / ___ / _____
- Other: _____ Date: ___ / ___ / _____

Signatures

Client: _____ Date: ___ / ___ / _____

Staff: _____ Date: ___ / ___ / _____