



**Small
Business
Development
Center**

ACADEMIC AFFAIRS DIVISION

Business Assessment

Thank you for your interest in small business counseling.

To schedule an appointment with a Maricopa Community Colleges SBDC business counselor please complete the following business assessment. Upon receipt of your business assessment we will contact you to schedule an appointment.

Mail or deliver:

Maricopa Community Colleges SBDC
2400 N. Central Ave, Suite 104
Phoenix, AZ 85004

Fax:

602-230-7989

If you have any questions, please call 480-784-0590

Name: _____
Telephone: _____
Email: _____
Fax: _____

What is your business idea?

What type of knowledge do you have of this business? (Experience, education, etc)

What is your goal for starting this business?

List the reasons why you want to start this business.

What do you consider to be your marketing edge?

What have you done to research and identify your market?

Have you asked for assistance with this business? Yes _____ No _____

What advisors do you have to help you with starting a business (i.e. accountant, attorney, other small business owners, marketing professions, business mentor)?

Do you feel that you will have all the planning, advisors & tools to make your business successful? Yes _____ No _____

On a scale from 1-5 with 5 being the best, how do you rate yourself on the following skills:

Marketing	_____
Managing staff	_____
Sales	_____
Accounting	_____
Business Management	_____
Customer Service	_____

How do plan to overcome the weaknesses of the skills you rated low?

Have you ever started a business? Yes _____ No _____

Does anyone in your family own a business? Yes _____ No _____

Was their business successful? Yes _____ No _____

Why or why not?

What fears do you have about owning a business? What are you doing to overcome the fears?

Are you looking for funding for your business idea? Yes _____ No _____

Have you taken in to consideration your personal investment and collateral needed for conventional funding? Yes _____ No _____

When are you planning on starting the business? _____

Do you have a business license? Yes _____ No _____

Do you need an occupational license? Yes _____ No _____
If yes, have you applied? Yes _____ No _____

What is your SIC Code/ NAICS Code(s)? _____

Have you begun any of the four parts to the business plan discussed in the workshop?

Business Concept:	Started _____	Finished _____
Marketing Plan:	Started _____	Finished _____
Management Plan:	Started _____	Finished _____
Financial Plan:	Started _____	Finished _____

In what area(s) do you feel an SBDC Counselor could be of most help?

Please list your questions for the counselor so they can best assist you:
