

Couleecap Business Development Initial Contact Form

To request business development assistance please complete this form. You may submit this form via mail to: Couleecap, 700 Third Street North, Suite 202B, La Crosse, WI 54601 or by email to aaron.reimler@couleecap.org. If you have questions while completing the form please contact Aaron Reimler, aaron.reimler@couleecap.org, 608-797-5746.

| | |
|--------------------------|-------------------------------------|
| Full Name: | Mailing address: |
| Home phone: | City, State, Zip: |
| Cell phone | Email address: |
| Household annual income: | Number of people in your household: |

Give a brief description of your business or business idea:

How many hours a week do you plan to dedicate to your business?

What do you anticipate your annual net income (income minus expenses) to be from your business?

What type of help would benefit you in starting/expanding your business?

| | | |
|---|---|---|
| <input type="checkbox"/> Loans | <input type="checkbox"/> Drafting a business plan | <input type="checkbox"/> Computer training |
| <input type="checkbox"/> Writing skills | <input type="checkbox"/> Math skills | <input type="checkbox"/> Public speaking skills |
| <input type="checkbox"/> Housing costs | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal debt |

Other:

Certification
I certify that the above information is accurate to the best of my knowledge

Demographic Information
Providing the information below is strictly voluntary; failure to provide accurate information may not allow staff to identify special funding or support sources for you.

| | | | |
|---|---|--|---|
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | US Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N | Single parent? <input type="checkbox"/> Y <input type="checkbox"/> N | Military Veteran? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian, Pacific Islander <input type="checkbox"/> Native American | | | |
| Other: _____ | | | |

Basic Business Planning Information

Name of Business:

Legal Formation:

Anticipated Sales in Year 1:

Anticipated Sales in Year 2:

Anticipated Sales in Year 3:

Who are your targeted consumers?

Who is your competition?

What makes you special/different?

Which marketing strategies will you be using? How much will you spend?

\$_____ Social Media

\$_____ Industry Directories

\$_____ Print Advertising

\$_____ Online Advertising

\$_____ Industry Trade Shows

\$_____ Brochures

\$_____ Website (+SEO)

\$_____ Yellow Pages

\$_____ TV or Radio

Other:

Financial Information

How many days do you wish to pay your bills
(Accounts Payable)?

How many days do you wish to receive payment for your sales?
(Accounts Receivable)?

What is your company's starting cash balance on the day you start the business plan?

What percentage of the company's customers will you extend credit to?

Do your customers pay in advance or at the point of sale?

How much do you plan to pay yourself?

How much do you plan to invest back in the company?

How much do you plan to save?

Which Category is your business? Food ____ Manufacturing ____ Service ____

Will you need licenses or certificates for your business? If yes, which ones?

Will you need insurance?