

**Management check list**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Business Name \_\_\_\_\_  
Your Position in the Business \_\_\_\_\_

***Please answer every question; use additional paper if necessary. Where the question is not applicable, put NA. If you have a Business Plan which answers any questions, please put "see Business Plan" and attach the Business Plan to the application.***

1. Why are you in this business?
  
2. What is your background?
  
3. Do you have any direct experience in this line of work? Explain
  
4. Is this your sole source of income?            Yes            No
  
5. If yes, how much do you need to make your personal living expenses?
  
6. If you have other sufficient sources of income, how much time can you contribute to the business?
  
7. Have you ever done a Business Plan?            Yes            No
  
8. How is your business organized?  
           S corporation            C corporation            Partnership            Proprietorship
  
9. What is your relationship to the other Owners or principals?
  
10. Are you profitable?            Yes            No            Don't know  
          \_\_\_\_\_ What is gross profit?  
          \_\_\_\_\_ What is net profit (loss)?

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11. What/who is your market?
12. How do you know what your market is?
13. How do you reach your market?
14. How do you evaluate overall market conditions?
15. How do you calculate projected income? What factors are known and what are guesses?
16. Who is your competition? List them.
17. What are their strengths compared to you? What are your comparative strengths?
18. What assets, personal and financial, do you bring to the business?
19. What liabilities, personal and financial, do you bring to the business?
20. Do you have separate bank account for the business?      Yes      No
21. Do you have an accountant who is available for more than tax returns?      Yes      No  
    Who?

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22. Is there a bookkeeping system in place?       Yes     No  
      \_\_\_\_\_ paper             Yes     No  
      \_\_\_\_\_ computer       Yes     No  
                                 hardware/software:
23. Are these records kept up to date?       Yes     No  
      By whom?
24. Can you produce in-house financial statements?       Yes     No  
      Please check which ones are available immediately:  
      \_\_\_\_\_ Income  
      \_\_\_\_\_ Balance Sheet  
      \_\_\_\_\_ Cash Flow
25. Do you *understand* the financial statements?       Yes     No  
      Do you use them for planning?                       Yes     No  
      How?
26. Do you have (if needed) a payroll system in place?       Yes     No  
      Do you pay *all* your employees legally?               Yes     No  
      Are you withholding necessary taxes appropriately?       Yes     No  
      Are you current on all tax liabilities?                       Yes     No
27. Do you have appropriate/sufficient insurance?       Yes     No  
      Agent's Name:  
      Please specify:  
          Liability Limits:  
          Worker's Comp.:  
          Vehicle:

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28. Do you have sufficient staff to do essential work?  Yes  No  
Who?

- \_\_\_\_\_ Management:
- \_\_\_\_\_ Bookkeeping/Record Keeping:
- \_\_\_\_\_ Purchasing:
- \_\_\_\_\_ Inventory Control:
- \_\_\_\_\_ Supervision:
- \_\_\_\_\_ Estimating:
- \_\_\_\_\_ Labor/Sales:
- \_\_\_\_\_ Clerical
- \_\_\_\_\_ Other:

29. Who are your major suppliers and how do you pay your suppliers?  
 Cash  COD  Credit  Terms

30. How long would it take you to value your inventory on hand?

31. Do you have access to essential business machines?  
\_\_\_\_\_ Computer  
\_\_\_\_\_ Copier  
\_\_\_\_\_ FAX

32. Do you have adequate space?  
\_\_\_\_\_ Office  
\_\_\_\_\_ Storage  
\_\_\_\_\_ Manufacturing  
\_\_\_\_\_ Warehousing  
\_\_\_\_\_ Retail  
\_\_\_\_\_ Other