SBDC Health Business Plan Template

# Client/Business Information

Name of the individual(s) completing the Business Plan:

Name of the Business:

E-Mail Address of the Business:

Business Address:

What legal form of organization will your business take?

Sole proprietorship Partnership

Limited Liability Company S or C-Corporation (including Professional Corporation)

 Professional Corporation Benefit

Corporation

# 1. You (and Owner if different)

Who is/are the owner(s)?

What is your (and the owner if different) experience in this business, or if you have no experience in this business, who will supply you with the necessary expertise to operate it?

Why do you want to start this business now?

# 2. About the Business

What type of business will you be starting? (Please give a description of your idea)

Description of Service - List your service(s) individually and describe how they benefit your customers.

What makes the business unique?

Why will the business be successful?

What type of licenses and permits will you need for your business?

Where will your business be located and why?

What are your estimates of Demand and Utilization for services in Month 3, 6, and 12?

# 3. Operations & Capacity/Staffing

What will your role be in the business and what will you be in charge of?

How many employees/contractors will you need and what will their roles be?

For direct services, how much (time and $) of each service can each person provide in a week?

What are average or expected starting payrates for these roles in your area?

Which trainings will you need to provide them to do their job?

Which trainings will you need to provide them to comply with State requirements?

What hours/days of the week will your business be open?

Which services might customers ask for that you won’t provide because you would lose money?

*An extended version compatible and adapted from the California Dream Fund Template.*

# 4. Competition & Marketing

Who are your biggest competitors?

How is your product/service unique compared to your competitors?

How will your product/service be better than your competition?

Marketing Strategy - How will the company use advertising/marketing/promotional strategies to build a solid customer base? What type of initial promotions?

Describe advertising and marketing planned for your new business. Include examples of brochures, direct mail, print advertising, broadcast advertising, company website, social media, publicity events, networking opportunities or other promotional strategies you plan to pursue.

What does your target customer(s) look like and how will you reach them?

If you plan to use marketing strategies, about how much do you imagine you’ll spend for each customer you’re able to get to buy $1000 worth of services?

# 5. Funding

Please list and plans for fundraising or non-personal funds before opening**:**

Do you wish to keep open the option to take outside investment capital in the future (why or why not, and if yes, what things do you plan to do now to help increase your future success)?

Please list the key categories of funding you will need to **start your business and operate it for at least 3 months:**

| **Category** | **Personal Funds Before Start** | **Personal FundsFirst 3 months of Operations**  | **Funds from Income or Investments** |
| --- | --- | --- | --- |
| Licenses/Permits |  |  |  |
| Inventory |  |  |  |
| Employee Wages |  |  |  |
| Marketing/Advertising |  |  |  |
| Insurance |  |  |  |
| Equipment |  |  |  |
| Supplies |  |  |  |
| Accounting |  |  |  |
| Utilities |  |  |  |
| Working Capital |  |  |  |
| Lease |  |  |  |
| Tenant Improvements |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| **Total** | $ 0 | $ 0 | $ 0 |

| **Business Name** |
| --- |
| ***Projected or Past Income Statement******First Year of Operation*** |

**Sales:**

| **Month 1** | **Month 2** | **Month 3** | **Month 4** | **Month 5** | **Month 6** | **Month 7** | **Month 8** | **Month 9** | **Month 10** | **Month 11** | **Month 12** | **Total** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |

Gross Sales Cost of GoodsGross Profit Gross Margin (%)

| **Expenses:** |
| --- |
| Licenses/Permits |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Insurance |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Salaries and Wages |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Accounting |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rent |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Repairs and Maintenance |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Utilities and Internet |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Office Supplies |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Marketing/Advertising |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Miscellaneous |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Expense |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Taxes |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Expenses** |  |  |  |  |  |  |  |  |  |  |  |  |  |

| **Net Income** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

# 6. Milestones

Please build out your timeline from now for the next 3 months, with at least 3 key milestones and target dates.

| Milestone Name | Description | Target Date |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# 7. Summary Pitch

In 250 words or less summarize sections 1-6 above in a way you can share with others that will tell them who you are, what your business does, and how you’ve thought about the operations, marketing, and finances in ways that make you likely to succeed.

# 8. Community

How has the SBDC Health Course helped you with your business or business knowledge?

The biggest area where I need help from others in the group or the community going forward is: