

Client Needs Assessment

Existing Business

Confidentiality Statement: All the information shared with Clarion University Small Business Development Center (SBDC) will be held in the strictest confidence. The following information will be used to provide the SBDC with basic information about your company to better assist your business.

Name _____ Title _____

Name of Company _____ Telephone (_____) _____

Address _____ Cell Phone (_____) _____

City _____ State _____ Zip _____

Email Address _____

Company Website _____

1. Have you worked with any Pennsylvania SBDC in the past? **YES** _____ **NO** _____
2. For what specific purpose have you contacted the Clarion University SBDC? _____

3. What was the start date for your business? _____ / _____

General Business Information

4. Please provide a brief description of your business.

5. What products and services does your business sell?

6. What is the legal structure for your business?
 _____ **Sole Proprietorship** _____ **Partnership** _____ **LLC** _____ **S-Corporation** _____ **Corporation**
7. Do you have a business plan? **Yes** **No**
8. Do you need assistance editing or developing a business plan? **Yes** **No**
9. Have you completed the following registration forms:

Yes	No
• Federal Employer Identification Number (EIN)	<input type="checkbox"/>
• Fictitious Name Registration Form	<input type="checkbox"/>
• Pennsylvania Enterprise Registration Form (sales tax)?	<input type="checkbox"/>

A. Funding & Capital Availability

10. How have you financed your business (credit cards, family/friends, bank loans, etc.)? _____
11. Are you in need of funding for your business? **Yes** **No** If Yes, how much \$ _____

12. Have you had any credit related problems within the past 10 years? **Yes** **No**
13. Are you delinquent with any outstanding debt including personal or property taxes and student loans?
Yes **No**

B. Marketing

- 33. Who are your customers? _____

- 34. Who are your competitors? _____

- 35. What is your company's competitive advantage? _____

- 36. How does your company advertise and promote its products and services? _____

- 37. How do you use the Internet in your business? _____

- 38. Do you need assistance in marketing products or services? _____

C. Human Resources

- 42. Describe your role and responsibilities within the business? _____

- 43. Do you have employees? If so, how many? _____
- 44. Do you have problems finding appropriate training programs for your employees? _____

- 45. Do you have an employee handbook? _____
- 46. Describe your primary Human Resources concerns? _____

D. Operations

- 48. Do you have a standard operating procedure manual? _____
- 49. Who are your major suppliers and what types of relationships do you have with each of them?

- 50. Do you have any inventory control systems concerns? _____
- 51. Do you have quality control systems concerns? _____
- 52. Do you have maintenance programs concerns? _____

E. Information Technology

- 53. What functions of your business are computerized? _____

- 54. Do you have any computer related issues or concerns? _____

- 55. Do you have any computer training needs? _____

F. Financial Management

Please check the appropriate boxes for each financial statement:

	<u>Prepared:</u>		Monthly	<u>Prepared how often:</u>			
	Internal	External		Quarterly	Semi-Annually	Annually	Not at All
<u>Balance Sheet</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Income Sheet</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Accounts Receivable Aging Report</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. International Trade Assistance

56. Are you involved in international trade? **Yes** **No**

57. Do you want help with or becoming involved with international trade? **Yes** **No**

H. Government Marketing

58. Do you provide goods or services to any government agency? **Yes** **No**

59. Do you want help with selling to any local, state or federal government agency? **Yes** **No**

I. Environmental and OSHA

60. Do you have any permits from the Department of Environmental Protection (PADEP), EPA or any local agency for any releases or discharges? **Yes** **No**

61. Do you have any questions regarding applicable OSHA regulations at your workplace?
Yes **No**

62. Do you need assistance or are you interested in receiving training with any environmental management issues? _____

J. Other

Any other information you would like to provide: _____

