

Client Needs Assessment

Start Up Business

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

Name _____

Name of Company (if known) _____

1. Have you worked with any DC SBDC in the past? **Yes** **No**
2. For what specific purpose have you contacted the DC SBDC? _____

3. Please provide a brief description of your business.

4. Describe the type of customer or business that will use your products or services, including where they are located.

5. Where will your business be located (include the address, or town if a location has not been decided; also specify if it is a home-based business)?

6. What legal structure have you chosen for your business (if any)?
 Sole Proprietorship **Partnership** **LLC** **S-Corporation** **Corporation** **Not sure yet**
7. Who will be the owner(s) of your company? _____

8. Do you have a business plan? **Yes** **No**
9. Do you need assistance editing or developing a business plan? **Yes** **No**
10. Do you need outside financing to start your business? **Yes** **No**
 1. If yes, please estimate total funding needed \$ _____
11. Have you done any market research to show that there is a need for your product or service in the market?
Yes **No**
12. Do you plan to hire employees? **Yes** **No**
13. Do you need assistance or are you interested in receiving training with any environmental management issues?
Yes **No**