

IDA Small Business – Applicant Scorecard

Applicant Name: _____

Evaluator: _____ Date: _____

Start Up

What type of business do you want to start?

Do you need any kind of special license or certification to start this business? If so, what kind?

How long have you worked in this specific industry or field? _____
Please describe your work experience and jobs held:

What other work experience do you have that might help you in starting your business?
(i.e. owning or managing a different type of business, work that has transferable skills)

Do you have any relatives or friends who have similar businesses?
If so, what have you learned from them?

What business classes or training have you attended? _____
(Examples: CEO Women, Women's Initiative, Start Up, community college, etc.)

Where will your business be located?

Home-Based Retail Office Industrial

When do you plan to start your business?

0-6 months 6 months-1 year 1-2 years 2 years or more

Do you plan to work in this business full-time or part-time?

Full-Time Part-Time

Do you currently have any business assets? _____

How much money do you think you need to start your business? _____

What do you think you will need to buy?

Will you have any other sources of money to start your business? If so, what?

What do you think are the steps you need to take to start your business? Who will help you?

What do you think are the major challenges/barriers you face in trying to start your business?

Existing Business

What type of business do you have? _____

How many years have you owned this business? _____

How long have you worked in this specific industry or field? _____

Please describe other work experience and jobs held:

Where is your business located?

- Home-Based Retail Office Industrial

Do you work in this business full-time or part-time?

- Full-Time Part-Time

How much do you take home per month from the business? _____

How much does this contribute to your household income?

- Only Income Significant Contribution Minor Help None

How much would you like the business income to contribute to your household income?

- Only Income Significant Contribution Minor Help None

What business assets do you have? _____

What are your plans or goals for the business over the next 2 years?

How much money do you think you will need to expand your business? _____

What do you think you will need to buy?

What do you think are the steps you need to take over the next 2 years to expand your business? Who will help you?

What do you think are the major challenges/barriers you face in running your business?

What type of business assistance do you think would be helpful to you, if any?

- Marketing Accounting / Bookkeeping Planning / How to Expand Managing Employees

Other (*Please list*) _____

Business References (*customers or partners*)

1. Name: _____

Phone number: _____

2. Name: _____

Phone number: _____

Goal Statement: Is the goal defined? Are steps to reach it indicated? Is it feasible?

Goal unclear; Steps to achieve not indicated; Commitment to goal is tentative; Participant unsure how to achieve.	Goal is stated; Steps to achieve are indicated; Well thought out; Commitment to goal is evident..	Goal is well defined; Steps to achieve are indicated in detail; Target dates listed; Plan appears to be realistic/reasonable; Began working to achieve goal; Goal reasonably appears within reach.
1	2	3
Comments:		

Experience and Knowledge: Does the applicant have a good knowledge base of the business? Has the applicant done any research about the business, industry, competition, etc.?

Applicant has no experience in the industry. Has done no research and only has a vague idea of the potential for the business to succeed.	Applicant has some experience in the industry. Minimal research in the area and but shows potential to investigate more deeply as needed.	Applicant has quality experience in the industry, has done research and understands the market, the trends and what to expect in the future.
1	2	3
Comments:		

Barrier Statement: Can applicant make change? Is applicant able to overcome barriers?

Applicant appears to give up easily; Barrier is unclear; Applicant blames others for situation; Commitment to overcoming barrier is questionable.	Applicant encountered minor setbacks; Continues to work on overcoming major obstacles; Overcome some challenges; Demonstrates ability to change.	Applicant has faced major setbacks; Significant barriers overcome; Displays remarkable persistence; Indicates positive outlook on future.
1	2	3
Comments:		

Support Network: Is there a support network in place? Are they committed to helping applicant succeed?

Do not have any people supporting them or actively do not support them Have not looked into other programs/support	Mild to moderate commitment indicated; Support is unclear/ambivalent.	Have people and programs actively supporting them Support network is diverse.
1	2	3
Comments:		

Applicant's Total Score = ____ of 12