

# COMMUNITY DEVELOPMENT PARTNERSHIP

## **Business Builders<sup>sm</sup>**

### **Presents:**

### The **Smart Start**

### Workshop

### Spring 2010

## Client Questionnaire

All information submitted to the Community Development Partnership will be kept in strict confidence and will not be shared with any individuals, businesses or organizations without the express permission of the client.

Community Development Partnership  
3 Main Street, Unit #7 Eastham, MA 02642  
508-240-7873 X 25 or 800-220-6202  
[www.capecdp.org](http://www.capecdp.org)

# **BUSINESS BUILDERS<sup>sm</sup> PROGRAM**

*A Unique Approach to Business Success!*

Date: \_\_\_\_\_

## **CONTACT INFORMATION**

Name: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ MA Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ best way to be contacted: phone, cell, email? Circle one

## **BUSINESS INFORMATION**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MA Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business E-mail Address: \_\_\_\_\_

Business Website: \_\_\_\_\_

Date Business Established: \_\_\_\_\_

If business not established yet, how many years in planning stage:

- Less than one year
- More than one year

Do you have previous experience in this type of business or with running another business?

- Yes, Please describe: \_\_\_\_\_

No

Describe briefly the product or service your business offers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## STRUCTURE

- Sole Proprietor
- LLC
- Partnership – (specify type): \_\_\_\_\_
- Corporation-specify type \_\_\_\_\_

## BUSINESS TYPE

- Wholesale
- Retail
- Service Industry
- Food Industry
- Artisan
- Other: \_\_\_\_\_

## TARGET MARKET

- Cape Cod Market
- Off Cape Markets
- Both

Briefly describe your market: \_\_\_\_\_

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## MARKETING

Indicate which marketing materials you currently use to promote your business. Check as many as apply:

- Business Cards
- Letterhead
- Brochures
- Website
- Other \_\_\_\_\_

Do you advertise?

- No
  - Yes, where do you currently place your ads? \_\_\_\_\_
- 

## OPERATIONS

What is your bookkeeping system?

- No formal bookkeeping system
- Paper system
- Computerized system

Does your current bookkeeping system meet your business needs?

- Yes
- No

## FINANCIAL

Do you currently need or do you anticipate needing financing for your business?

- Yes
- No

Do you have a completed business plan?

- Yes
- No



**To the Applicant:** Below are the pricing options for the Smart Start Workshop.  
 These options are designed to meet a variety of financial needs. The fee includes all workshop materials.  
**The information will be kept confidential.**

Family Size	1	2	3	4	5	6	7	8
<b>Price</b>								
<b>\$75</b>	27,150	31,050	34,900	38,800	41,900	45,000	48,100	51,200
<b>\$100</b>	43,450	49,700	55,900	62,100	67,050	72,050	77,000	81,950
<b>\$125</b>	43,450+	49,700+	55,900+	62,100+	67,050+	72,050+	77,000+	81,950+

We offer scholarships for our business programs. If you would like to help offset the cost of educational programming for other members of our business community please let us know, or you can simply add an additional amount onto your fee and note that the amount is to be earmarked for the scholarship fund. The CDP is a tax deductible organization - any contribution would be thus eligible for deduction.

Yes, \_\_\_\_\_ I would like to donate \$\_\_\_\_\_ for the scholarship fund.

No, \_\_\_\_\_ not at this time but maybe when my business is established.

Please send me additional information about becoming a member of the CDP. \_\_\_\_\_.

**Total amount remitted: \$\_\_\_\_\_ make payable to the “CDP”.**

*I certify that the information above is accurate and complete to the best of my knowledge.*

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**