**BUSINESS PLAN FOR**

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**1. OVERVIEW/STRATEGY**

**Executive Summary**

**Personal and Business Objectives**

 **Short Term:**

 **Long Term (5 years+):**

**Personal profile/Current Business Skills/Qualifications/Experience**

 **Further Skills Development Required**

 **2. SWOT Analysis** Include business and personal factors

 **Strengths:**

 **Weaknesses: Solution**

 **Opportunities:**

**Threats: Solutions**

**3. MARKETING PLAN**

**Industry Background -– History, Description, Size, Growth Rate, Profitability, Potential**

**Customer Profile – my key markets**

**Seasonality or trends affecting my business**

**E-commerce – impact/use/cost/marketing potential/website details**

 **Market Research:**

1. **Competitor Analysis**

 **(Who/what/where/why/how: Strengths, weaknesses, customer feedback)**

**2. Survey/questionnaire/mystery shop results - summary**

**Identified Competitive Advantage (and my Unique Selling Point/s)**

 **Marketing/Promotion Strategies**

 Action Plan for first 12 months

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| MONTH | ACTION | EXPECTED OUTCOME | COST | BY WHOM | COMPLETED |
|  |  |  |  |  |  |
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**4. FINANCE**

**Working out setup costs – quotes attached**

**Materials, equipment, stock, upfront fees, advertising, working capital**

|  |  |  |
| --- | --- | --- |
| **ITEM** | **ESTIMATED COST TO BUY** | **OR VALUE OF EXISTING** |
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**Insurance**

 **PRICING CALCULATIONS (Cost per unit)**

|  |  |  |
| --- | --- | --- |
| **Type** | **Value $** | **Annual Premium** |
| Public LiabilityStockPlant/EquipmentVehiclePremisesIncomeZoning/planningHealth/ACCBuilding |  |  |

**5. OPERATIONS**

 **Format** (e.g. sole trader, partnership, limited company)

**PREMISES:**

**Facility required: (layout, physical description)**

**Location/s:**

**Distribution –** how, costs

 **Compliance requirements (Permits, OSH etc)**

 **Customer Service Policies**

**Hours of Operation**

**Staff:**

Name Job description

**KEY CONTACTS/SUPPLIERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Phone** | **Address/email** | **Required for** |
|  |  |  | **Bank** |
|  |  |  | **Accounting** |
|  |  |  | **Tax** |
|  |  |  | **Legal** |
|  |  |  | **Insurance** |
|  |  |  | **Mentor** |

**6. CONTINGENCY PLANS**

**(Illness, breakdown of equipment, supplier difficulty, lack of anticipated demand etc)**

**ACTION PLAN FOR NEXT SIX MONTHS OF TRADING**

|  |  |  |  |
| --- | --- | --- | --- |
| Objectives | Actions | Reponsibilities | outcomes |
|  |  |  |  |