Department of Workforce Development

Division of Vocational Rehabilitation

Tier 1 Business Plan

This is a simplified business plan that is to be used by consumers who are in tier 1 of the self-employment toolkit V3.0.

Give the completed form to your counselor. Any submitted business plan must not be handwritten.

**Business Overview**

|  |  |  |
| --- | --- | --- |
| Owner/Business Name | | |
| Phone | Email | Website |
| Business Description | | |
| Value Proposition (What goods or services are you providing your customers? What sets you apart from other similar businesses?) | | |
| Who is the target market? | | |

**Resources**

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| What resources are available to the business? (Examples: existing equipment, family support, training) |
| 1. |
| 2. |
| 3. |
| What is the businesses start-up goods/service's needs? (Examples: basic inventory, marketing, startup equipment) |
| 1. |
| 2. |
| 3. |
| What are the businesses startup funding needs? |
| 1. |
| 2. |
| 3. |
| Total: |

**Marketing Plan**

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| How will you get the word out? (Examples: social media, brochures/business cards, networking) |
| Who and where are your customers? |
| Brief Marketing Timeline: |
|  |
| Top 3 Competitors Name, Location and Pricing: (examples: online, city, state, cost of their product) |
| 1. |
| 2. |
| 3. |

**Business Financials**

|  |
| --- |
| Business Expenses (monthly costs for operating the business) |
| Costs of the Product/Service for Business Owner |
| Pricing of your Products/Services for Customers |
| Financial Forecast: (expected revenue) |
| 1. How much will the business bring in each month? |
| a. What is the monthly gross revenue? |
| b. What is the monthly net revenue? |
| 2. How many hours do you plan to work each week? |
| 3. What do you plan to make per hour? |
| 4. What are the business's accounting procedures? |