

BUSINESS PLAN

(CONFIDENTIAL)

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CONTACT:

If you have questions regarding the completion of this document, please contact NSCFDC at 526-1371.

COMPANY INFORMATION

Company Name							
Address							
City		Prov.		Postal Code			
Telephone		Fax		Email			
Web Site				Date Established			
Structure	Proprietorship oPartnership Corporation (<i>Attach appropriate documentation</i>)						
Date Established				Number of Employees	PT	FT	
Location	Owned o	Date Purchased					
	Leased o	Expiry Date					
Rate per sq. foot				Total sq. foot area			

OWNER INFORMATION

Name					% Owned	
Address						
City		Prov.		Postal Code		
Telephone		Fax		Email		

OWNER INFORMATION

Name					% Owned	
Address						
City		Prov.		Postal Code		
Telephone		Fax		Email		

LEGAL ADVISOR

Legal Firm		Lawyer's Name	
Address			

FINANCIAL ADVISOR

Accounting Firm		Accountant's Name	
Address			

INSURANCE COVERAGE					
Commercial Insurance Broker			Policy Number		
Broker Address			Broker Telephone #		
<hr/>					
Vehicle Insurance Broker			Policy Number		
Broker Address			Broker Telephone #		
LOAN INFORMATION					
Loan Request	\$	Job Creation	Immediate	#	FT
			Within 12 months	#	FT
Purpose of Loan					
BUSINESS BANKING INFORMATION					
Business Bank					
Address					
Telephone		Contact Person			
Have you applied for this loan at any other bank or financing company?	Yes	<input type="radio"/>			
	No	<input type="radio"/>			
If yes, what was the outcome?					
<p>The undersigned agrees that NSCFDC shall have no liability should the plans of the undersigned, its partners and/or clients prove to be inadequate or deficient.</p>					

Dated at _____, this _____ day of _____.

Applicant Signature: _____.

Applicant Signature: _____.

PROMOTIONAL PLAN

Annual Cost

- 1. Television _____
- 2. Radio _____
- 3. Advertising
 - newspapers _____
 - flyers _____
- 4. Sales Promotion
 - trade shows _____
 - coupons _____
 - contests _____
- 5. Public Relations _____
- 6. Personal Selling _____
- 7. Telemarketing _____
- 8. _____
- 9. _____
- 10. _____

*Transfer to Advertising
on Cashflow Worksheet*

TOTAL \$ _____

OTHER CASHFLOW ASSUMPTIONS:

Insert Excel spreadsheet page 9

PROFIT & LOSS

	YEAR 1	YEAR 2	YEAR 3
SALES/REVENUE:	\$	\$	\$
(A) Total Sales	_____	_____	_____
COST OF SALES:			
Purchased (materials or inventory)	_____	_____	_____
Direct Wages & Benefits	_____	_____	_____
(B) Total Cost of Sales	_____	_____	_____
(A-B) GROSS MARGIN (C)	_____	_____	_____
FIXED OPERATING EXPENSES:			
Advertising	_____	_____	_____
Auto Expense	_____	_____	_____
Bank Charges / Interest	_____	_____	_____
Equipment Rentals	_____	_____	_____
Heat & Hydro	_____	_____	_____
Insurance	_____	_____	_____
Internet	_____	_____	_____
Licenses & Fees	_____	_____	_____
Loan Payments	_____	_____	_____
Miscellaneous	_____	_____	_____
Office Supplies	_____	_____	_____
Other Supplies	_____	_____	_____
Professional Development	_____	_____	_____
Professional Fees	_____	_____	_____
Rent	_____	_____	_____
Repairs & Maintenance	_____	_____	_____
Telephone	_____	_____	_____
Wages & Wage Benefits	_____	_____	_____
(D) Total Fixed Expenses	_____	_____	_____
(C-D) NET INCOME/(LOSS)	_____	_____	_____

Insert Excel spreadsheet page 11