



The SEED Business Network Business Plan Competition Application

Please attach business plan to application and...

- Mail to: PO Box 9637, Laguna Beach, CA 92652 OR
- Fax to: 949.499.0693 OR
- E-mail to: staff@seedbiznet.org

This form must be filled out in its entirety. Write N/A for areas that are not applicable; do not refer to your business plan.

Your Information

Name: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Disability: _____

Business Information (Actual or Proposed)

Company Name: _____ Date Company Formed: _____

Company Type i.e. sole proprietorship, corporation, partnership etc.: _____

Partner's names if Partnership or LLC: _____

Company Description: _____

Mission Statement: _____

What skills / previous experience / education do you have that will help you make this business successful?:

Who is your primary target customer? _____

Who specifically will your toughest competition be? _____

What is your total marketing budget for your first year of operations or this year? _____

What is your total projected income for your first year or this year? _____ Expenses? _____

Will you be seeking funding for your business? _____ If so, how much? _____

Don't Forget to include in your Business Plan...

- Product Benefits – how will your customers benefit from your services or products
- Future products and services – what will you be offering 3 years from now?
- Industry Research – support your research with current statistics
- Competitive Analysis – how do you differ from your competition.
- Detailed Marketing Campaign – complete with implementation dates
- Sales projections – estimate number of customers acquired each month and average purchase amounts
- Detailed list of equipment and supplies needed for start-up
- Facility needs – description of current or proposed facility
- Projected income statement – at least monthly for one year
- Start-up Financing – how you will obtain it and from whom