



Johnstown Professional Office Complex
55 East Main Street, Suite 110
Johnstown, NY 12095
(518) 762-8700

BUSINESS PLAN

TABLE OF CONTENTS

PLEASE NOTE: Incomplete Business Plans cannot be reviewed for financial packages:

I.	BUSINESS DESCRIPTION & HISTORY [Color Gold]	
	Identification Page	Page 1
	Schedule A - Ownership	Page 2
	Schedule B - History	Page 3
II.	MARKET [Color Blue}	
	Schedule C - Market Conditions	Page 4
III.	MANAGEMENT [Color Pink]	
	Schedule D - Operations	Page 5
	Schedule E - Employment Plan	Page 6
IV.	PROJECT DESCRIPTION [Color Green]	
	Schedule F - Project Details	Page 7
V.	FINANCIALS [Color Yellow]	
	Schedule G - Project Source & Use of Funds	Page 8
	Schedule H - Company Financial Projections	Page 9/10
	Schedule I - Balance Sheet	Page 11
	Schedule J - Personal Tax Return	Page 12
	Schedule K - Personal Financial Statement	Page 13
	Schedule L - Lending Commitments	Page 14
VI.	BUSINESS PLAN CHECKLIST	Page 15

I. BUSINESS DESCRIPTION & HISTORY

Identification Page

Legal name of business [as in Articles of Incorporation or D.B.A.]

Trade Name

Present Address: Street City State Zip Code

Contact Person: Name & Title Telephone Number

Legal Counsel: Firm Name

Address: Street City State Zip Code

Contact Person: Name & Title Telephone Number

Accountant: Firm Name

Address: Street City State Zip Code

Contact Person: Name & Title Telephone Number

Business Form:

----- Corporation State of Incorporation ----- Year of Incorporation -----
----- Partnership State of Formation ----- Year of Formation -----
----- Sole Proprietorship County DBA Filed ----- Year Established -----

I. BUSINESS DESCRIPTION & HISTORY
[continued]

Ownership

Schedule A.

1. **Attach** a list of names, addresses and business affiliations and percentage of ownership of 5% or more of the Company. Include officers, directors, shareholders and partners. Indicate their respective relationships to the Company, **and**,
2. **Please state** if the Company is a minority business enterprise. For the purpose of this statement, minority means women, minorities and dislocated workers. A minority business enterprise is any business that is at least 51% owned by, or in the case of a publically owned business, at least 51% of the stock of which is owned by minority citizens. The minority-ownership interest must be real, substantial and continuing and such an ownership must have and exercise the authority to control independently the business decisions of the entity.

I. BUSINESS DESCRIPTION & HISTORY
[continued]

History

Schedule B.

Describe on **attached sheet[s]**, the history of the Company and current operations. The description should include, **but not be limited to**, the following topics:

1. General Business History
2. Location, size and operations of Company's present facilities; whether owned or leased. Include all branches and sales offices.
3. Products*; relative sales volumes of each and contributions of profitability (%). Is this reflected in your financial statements?
4. Principal suppliers, particularly those accounting for 20% or more of basic requirements for operations, with contract, telephone number and description of products supplied; discussion of supply problems experienced or anticipated and how they have been/will be dealt with.

*Types of customers; major accounts, particularly those accounting for more than 10% of sales.

II. MARKET

Schedule C.

Address the following items on **attached sheet[s]**:

1. Current areas and methods of distribution; identification of market [local, national, international] and market share.
2. Principal competitors and their locations.
3. How does your product or service compare with your competitor in regards to availability, distribution and pricing? Is this reflected in your financial statements?

III. MANAGEMENT

Operations

Schedule D.

Describe **on attached sheet[s]** how the business will be managed. Include the following:

1. Job duties of key personnel
2. Resume [s] of key personnel
3. Hours of operation
4. Affirmative Action policy

**III. MANAGEMENT
[continued]**

Schedule E.

EMPLOYMENT PLAN

	Base Annual Salary/Wage	Number of Employees	1 st Year	2 nd Year	3 rd Year	Total New Jobs
Professional						
Clerical						
Sales						
Service						
Construction						
Manufacturing						
Skilled						
Semi-Skilled						
Unskilled						
Other (Describe)						
TOTAL						

IV. PROJECT DESCRIPTION

Project Details

Schedule F.

Insert page [s] addressing the following:

1. Discuss how this project will assist the business and the specific reasons and justification for the project to receive economic development financing.
2. Describe how the project will result in expansion of the company's markets geographically or to other types of buyers.

Provide a complete description of the total project components to include the following:

3. Contractors quotes. Plan and specification for construction/renovation [e.g., type of construction, total square footage, number of stories, square foot allocation for production, warehousing, office space.] Provide a construction/occupancy schedule.
4. Vendors quotes and complete description of machinery and equipment to be financed in this project. For each item, specify model number and supplier's estimate or quotation.
5. Plot plan, showing existing/proposed improvements, easements, etc.
6. Copies of expected contracts of sale and real estate property. Contract must be in effect at time of loan approval.
7. Appraisal.
8. Describe the neighborhood including zoning and available utilities.
9. Federal, State, or local regulatory agencies or boards that will need to approve your project prior to start up or will oversee your operations, if any [e.g. U.S. Environmental Protection Agency, NYS Department of environmental Conservation, NYS Department of health, NYS Adirondack Park Agency, local planning boards.]

V. FINANCIALS

Schedule G.

Project Source & Use of Funds

Use of Funds		Source of Funds				
Use	Amount	Equity or Lender	Est. Rate	Collateral	Amount	Annual Debt Service
Land	\$_____					
Bldg. Const./Renovation	\$_____					
Machinery & Equipment	\$_____					
Furniture & Fixtures	\$_____					
Leasehold Improvement	\$_____					
Contingencies	\$_____					
Working Capital	\$_____					
Total Cost=		Total Sources= \$_____				

Use = Source

Comments:

V. FINANCIALS
[continued]

Schedule H.

Company Financial Projections

ITEM/YEAR 1	MO.1	MO. 2	MO. 3	MO. 4	MO. 5	MO. 6
SOURCE OF CASH						
Sales						
Loan Proceeds						
Other						
TOTAL						
CASH DISBURSEMENTS						
Cost of Goods Sold						
Owner's Salary						
Other Salaries						
Payroll Taxes						
Real Estate Taxes						
Loan Interest						
Loan Principal						
Accountant						
Telephone						
Advertising						
Supplies						
Maintenance						
Insurance						
NYS Sales Tax						
Snow/Garbage Removal						
Utilities						
Other						
TOTAL DISBURSEMENTS						
NET CASH FLOW						
BEGINNING CASH						
Cash on Hand						
+Cash Receipts						
-Cash Disbursements						
BALANCE						

V. FINANCIALS
[continued]

Schedule H.

Company Financial Projections

ITEM/YEAR 1	MO.7	MO. 8	MO. 9	MO. 10	MO. 11	MO. 12
SOURCE OF CASH						
Sales						
Loan Proceeds						
Other						
TOTAL						
CASH DISBURSEMENTS						
Cost of Goods Sold						
Owner's Salary						
Other Salaries						
Payroll Taxes						
Real Estate Taxes						
Loan Interest						
Loan Principal						
Accountant						
Telephone						
Advertising						
Supplies						
Maintenance						
Insurance						
NYS Sales Tax						
Snow/Garbage Removal						
Utilities						
Other						
TOTAL DISBURSEMENTS						
NET CASH FLOW						
BEGINNING CASH						
Cash on Hand						
+Cash Receipts						
-Cash Disbursements						
BALANCE						

V. FINANCIALS
[continued]

Schedule I.

Company Balance Sheet

	YEAR_____	YEAR_____	YEAR_____
ASSETS			
Cash			
Inventory			
Prepaid			
TOTAL			
TOTAL CURRENT ASSETS			
Land & Building			
Machinery, Equipment, Fixtures			
Leasehold Improvements			
Less Accumulative Depreciation			
NET FIXED ASSETS			
TOTAL ASSETS			
LIABILITIES			
Long Term Debt Current			
Total Current Liabilities			
Long Term Debt			
TOTAL LIABILITIES			
NET WORTH BEGINNING			
RETAINED EARNINGS			
NET WORTH			
TOTAL LIABILITIES/NET WORTH			

Applicant's Signature: _____

Date: _____

V. FINANCIALS
[Continued]

Schedule J.

Personal Tax Return

Attach your last year's Personal Financial Tax Return.

V. FINANCIALS
[Continued]

Schedule K.

Personal Financial Statement

Name: _____
 Position: _____
 Business Name: _____
 Business Address: _____
 Residence Address: _____ Telephone: _____
 Signature: _____ Telephone: _____

ASSETS		LIABILITIES	
Cash On Hand/In Banks	\$	Accounts Payable	\$
Savings Accounts		Notes Payable to Banks/Others [Describe in Section 2]	
IRA		Installment Account [Auto] Monthly Payments \$ _____	
Accounts/Notes Receivable*		Installment Account [Other] Monthly Payments \$ _____	
Life Insurance-Cash [Surrender Value Only]		Loans on Life Insurance	
Stocks/Bonds*		Mortgages on Real Estate*	
Real Estate*		Unpaid Taxes*	
Automobile-Present Value		Other Liabilities*	
Other Personal Property*		Total Liabilities	
Other Assets*		Net Worth	
TOTAL		TOTAL	

SECTION 1.			
SOURCE OF INCOME		CONTINGENT LIABILITIES	
Salary	\$	As Endorser of Co-Maker	\$
Net Investment Income		Legal Claims/Judgments	
Real Estate Income		Provision/Federal Income Tax	
Other Income*		Other Special Debt	

SECTION 2.					
NOTES PAYABLE TO BANKS/OTHERS					
Name/Address of Noteholder	Original Balance	Current Balance	Payment Amount	Terms	How Secured or Endorsed Collateral Type

*Describe in Detail on an attached sheet.

V. FINANCIALS

Lending Commitments

Schedule L.

Please attach in this section, letters of lending commitments from banks or other lending institutions that will provide financing, expected by other than institution and the borrower.

Commitments must be in effect at the time of approval.

BUSINESS PLAN CHECKLIST

Please Note:

Incomplete business plans cannot be reviewed for financial packages.

i. Business Description & History

- ___ Identification Page
- ___ Schedule A - Ownership [**Attachment Necessary**]
- ___ Schedule B - History [**Attachment Necessary**]

ii. Market

- ___ Schedule C - Market Conditions [**Attachment Necessary**]

iii. Management

- ___ Schedule D - Operations [**Attachment Necessary**]
- ___ Schedule E - Employment Plan

iv. Project Description

- ___ Schedule F - Project Details [**Attachment Necessary**]

v. Financials

- ___ Schedule G - Project Source & Use of Funds
- ___ Schedule H - Company Financial Projections
- ___ Schedule I - Balance Sheet
- ___ Schedule J - Personal Tax Return [**Attachment Necessary**]
- ___ Schedule K - Personal Financial Statement [**Provide/Attachment may be Necessary**]
- ___ Schedule L - Lending Commitments [**Attachment Necessary**]