

SELF-EMPLOYMENT PROPOSAL REVIEW

Consumer _____

Name/Type of Business _____

A. THE BUSINESS PLAN

The product or service: description, any aspects that make this service unique and appealing	ACCEPTABLE <input type="checkbox"/>	NEEDS IMPROVEMENT <input type="checkbox"/>
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Comments/recommendations: _____

The market (customers): demographics, market research to support estimate of potential customers	ACCEPTABLE <input type="checkbox"/>	NEEDS IMPROVEMENT <input type="checkbox"/>
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Comments/recommendations: _____

The industry (competitors): why business will be preferred over competitors, competitors already in operation and planning to establish territories in local area	ACCEPTABLE <input type="checkbox"/>	NEEDS IMPROVEMENT <input type="checkbox"/>
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Comments/recommendations: _____

Marketing (distributing/pricing): schedule, cost/benefit analysis, and alternatives	ACCEPTABLE <input type="checkbox"/>	NEEDS IMPROVEMENT <input type="checkbox"/>
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Comments/recommendations: _____

Production costs: facility, supplies, salaries, license(s), taxes, insurance, shipping, transportation, and utilities	ACCEPTABLE <input type="checkbox"/>	NEEDS IMPROVEMENT <input type="checkbox"/>
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Comments/recommendations: _____

Management: all persons involved in the business, along with credentials and experience, proposed work schedules and responsibilities	ACCEPTABLE <input type="checkbox"/>	NEEDS IMPROVEMENT <input type="checkbox"/>
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Comments/recommendations: _____

Financing: equity/debt structure, loan repayment schedule, anticipated return on investment	ACCEPTABLE <input type="checkbox"/>	NEEDS IMPROVEMENT <input type="checkbox"/>
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Comments/recommendations: _____

B. OTHER CONSIDERATIONS

1. Business meets the definition of self-employment.	ACCEPTABLE <input type="checkbox"/>	NEEDS IMPROVEMENT <input type="checkbox"/>
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Comments/recommendations: _____

2. Customer's resume and other case information indicate the customer has the required training, skills and experience relative to the profession and business management/operation.	ACCEPTABLE <input type="checkbox"/>	NEEDS IMPROVEMENT <input type="checkbox"/>
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Comments/recommendations: _____

3. Customer is personally involved in the management and daily operations of the enterprise.	ACCEPTABLE <input type="checkbox"/>	NEEDS IMPROVEMENT <input type="checkbox"/>
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Comments/recommendations: _____

4. The business will eventually provide a living wage.	ACCEPTABLE <input type="checkbox"/>	NEEDS IMPROVEMENT <input type="checkbox"/>
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Comments/recommendations: _____

5. Customer's disabling condition is stable.	ACCEPTABLE <input type="checkbox"/>	NEEDS IMPROVEMENT <input type="checkbox"/>
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Comments/recommendations: _____

6. Customer's functional abilities are compatible with the specific job functions. If not, there are there are specific plans for accommodation(s).	ACCEPTABLE <input type="checkbox"/>	NEEDS IMPROVEMENT <input type="checkbox"/>
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Comments/recommendations: _____

7. Customer currently has a support system including necessary transportation, child care, attendant care, stable living situation, etc.	ACCEPTABLE <input type="checkbox"/>	NEEDS IMPROVEMENT <input type="checkbox"/>
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Comments/recommendations: _____

8. Customer has back-up plans for someone to run the business should unforeseen circumstances occur.	ACCEPTABLE <input type="checkbox"/>	NEEDS IMPROVEMENT <input type="checkbox"/>
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Comments/recommendations: _____

9. Customer manages all activities of daily living.	ACCEPTABLE	NEEDS
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