

Vision View Business Needs Assessment

Name: _____

Business name: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

Website: _____ Email: _____

Years in Business: _____

Is the Business a: (Check One)/Or do you want to form the following structure?

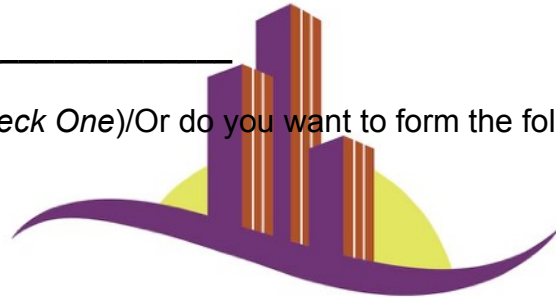
Corporation

Partnership

LLC

Sole Proprietorship

Other: _____



Vision View
Business Formation Center

Are you happy with the current performance of your business? (Circle one)

YES NO

If no, please explain:

Do you have detailed goals for your business? (Circle one)

YES NO

If yes, please list here:

Does your business have the following:

Business License

YES NO

Business Plan

YES NO

Strategic Plan

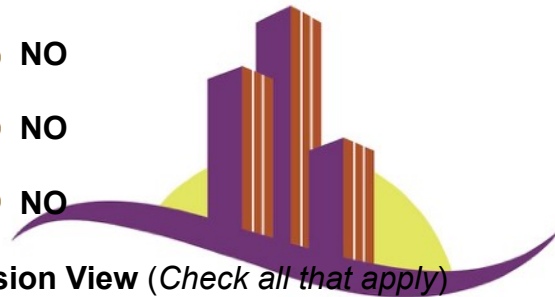
YES NO

Vision Statement

YES NO

Mission Statement

YES NO



What brings you to Vision View (Check all that apply)

- Need critical assistance to save my business
- Want to grow or expand
- Want to learn about something specific _____
- Other _____

In an effort to build upon the skills and resources of our partners we want to be intentional about leveraging and working collaboratively. In addition to the services you offer please check the services you may need assistance with.

<input type="checkbox"/> Personnel, Human Resources
<input type="checkbox"/> Accounting
<input type="checkbox"/> Marketing/Promotions
<input type="checkbox"/> Event Planning
<input type="checkbox"/> Grant Writing Assistance

<input type="checkbox"/> Legal Document Assistance
<input type="checkbox"/> Insurance Services
<input type="checkbox"/> Business Planning
<input type="checkbox"/> Media/Videography
<input type="checkbox"/> Other _____