

**ENTREPRENEURSHIP SUPPORT
PROGRAM
NEW ENTREPRENEURS SUPPORT
APPLICATION FORM**

**CHAPTER 1
ENTREPRENEUR AND COMMON INFORMATION**

Name and surname	
Address	
Phone	
Mobile phone	
Fax	
E-mail address	
Date of birth	
<i>The Education Institution You Graduated From</i>	
Educational Institution Name	
Department	
Date of graduation	

CHAPTER 2

BUSINESS PLAN ASSESSMENT

1. Operational Activity (NACE) Name / Code:

Activity Code:

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Activity Name:

2. Briefly describe your business idea (yourself, why you chose this business idea, your need to start a business, and the source of your motivation to start a business, etc.).

3. How much is the initial capital required for the Business Set up, how much capital do you have?

4. Do you have financial resources for the business you plan? If not, are you able to borrow money from the bank or third parties? What is your credit note?

5. Do you have any other source of income, apart from your own income, that will make your family a living? How long do you think you can manage assuming you will have an irregular income in the first place?

6. Where will the business operate (within the industrial zone, on the street, in the neighborhood etc.) and what is the selection reason for this place?

7. What kind of business do you think you should be setting up? What are the reasons for choosing this type?

8. What are the minimum physical requirements for the workplace?

9. What are the products / services to be offered to customers?

10. What is the progression from the order taking to the sale of the product / service?

11. What is the target market / territory where the products / services will be presented?

12. Who are your potential customers?

13. What are your advertising, promotion and marketing plans?

14. Who are your competitors? What are your strengths and weaknesses according to your competitors?

15. Specify the estimated prices of your products and services. Describe how you set prices.

16. Calculate break-even point of your company, supporting with numerical data.

17. What are the characteristics, duties and number of personnel to be employed?

18. Specify your short (first year), middle (2nd and 3rd year) and long term (post 3rd year) goals.

19. Are there any permits and standards required for your business to operate, if yes, what are they?

20. What are your predictions about unexpected situations?

Operating expenses

Operating expenses	Total Expenditure (Monthly)	Total Expenditure (Annual)	%		Fixed Expenses (annual)	Variable Expenses (annual)
			Fixed	Variable		
Raw Materials and Business Materials			0	1		
Rent			1	0		
Electricity			0,3	0,7		
Water			0,3	0,7		
Phone + Internet			0,3	0,7		
Fuel (Heating)			0,7	0,3		
Staff			1	0		
Maintenance			0,5	0,5		
Overheads			0,7	0,3		
Accountant Fee			1	0		
Stationary Expenses			0,6	0,4		
Marketing-Sales Expenses			0,3	0,7		
Packaging-Packaging Expenses			0	1		
Shipping Point			0	1		
Unexpected Expenses (5%)			0,5	0,5		
Total						

Note: Expenditure items in this tablature are periodic (Monthly, quarterly) expenses. Fixed and variable rates of operating expense items in this table are discussed.

