



For Office Use only:
 Date Received: _____
 Loan Officer Assigned: _____

Microenterprise Business Plan

Please complete this form in CAPITAL LETTERS and in black or blue ink.

This Business Plan is designed to allow you the opportunity to tell us about your business. Imagine you have to sell the business idea to us - the form should be straightforward to complete. Please feel free to add extra pages if we have not provided enough space for your answers.

Business Overview

1. Business Details

Business Name: _____

Business Address (if secured): _____

Telephone: _____ Fax: _____ Mobile Phone: _____

Email: _____ Website: _____

2. Business Structure

How will the business operate? Please select one of the following:

- Sole Proprietor Partnership Company Trust

Please state all stakeholders who will be involved in the business venture including owner(s), partners, members, shareholders, etc.

1. Surname _____ First Name _____ D.O.B. _____

2. Surname _____ First Name _____ D.O.B. _____

3. Surname _____ First Name _____ D.O.B. _____

4. Surname _____ First Name _____ D.O.B. _____

Please explain how each of these people will be involved in the business:



3. Description of Business:

Industry Type:

- Agriculture
- Manufacturing
- Hospitality
- Tourism
- Retail
- Telecommunications
- I.T.
- Service
- Other, please explain:

What are the products and/or services does your business sell?

What registration, permits and licences do you need to apply for? (eg business name, trade mark, etc)

Why do you want to start this particular type of business?



SWOT Analysis

Are there any trends that may affect your business in the future? It is very important to know and recognise trends and external factors (cultural, legislative, social, technological, environmental etc) that could affect your market in general. A SWOT analysis highlights the strengths and weaknesses within the business and identifies opportunities and threats in the external business environment.

This will assist you to assess whether or not your business will be viable long term and to help prepare you for potential threats and/or opportunities for your business. Please comment on the following:

Business Strengths	Business Weaknesses
Business Opportunities	Business Threats

Marketing Plan

One of the most important processes in starting a business is having a clearly thought out marketing plan. The marketing plan is also a vital part of your business plan as a whole as it links with all the other elements of the business planning process. If you have not conducted thorough research at this stage, we strongly recommend you do so before completing this part of the application.

1. Market Analysis

It is important to identify matters that may affect your business and your primary target market

Explain who will buy your products or services and where they are located.



Estimated number of potential buyers of your product/services:

How did you get to this figure?

How many customers will you have per day / per week / per month?

_____ per day _____ per week _____ per month

Is this market stable, or is it growing or declining? Stable Growing Declining

Please explain why?

What are the features of your products that will give you the edge in the marketplace?

2. Competitor Analysis

It is important to first identify your competitors (direct or indirect) and look into how they conduct their business, for example, how do they price their products, promote their business, handle customer complaints/inquiries? Essentially, the point of this exercise is for you to identify your competitors' strengths and weaknesses in order for you to carve out your business' competitive edge.

STRENGTHS

Name of Competitor	Competitors Strengths	How will you deal with these strengths?



WEAKNESSES	Competitor Weaknesses	How will you capitalise on these weaknesses?
OPPORTUNITIES	Competitors Opportunities	What is your plan for managing their opportunities?
THREATS	Competitors Threats	How will you turn a competitor's threat into an opportunity for you?

Are there any competitors located in your area? Yes No

If yes, please specify:

Name:	How far away?	How long have they been in existence?	Estimate your competitors monthly turnover/sales:
1.			
2.			
3.			
4.			

Find out what your competitors prices are per product category / types of services:

Product/Service	Lowest Price	Highest Price	Product/Service	Lowest Price	Highest Price
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		



In which way will your product / service differ from that of your competitors?

Your Product / Service:

Is there a need for your products / services? Please comment:

Can competitors copy your product / service easily? Yes No

If NO, why not?

If YES, does this pose a threat to your business?

3. Pricing policy

How are you going to price your products/services to make a fair profit?

For Retail Businesses:

Product	Purchase Price	Selling Price	Mark Up % *
1.	\$	\$	%
2.	\$	\$	%
3.	\$	\$	%
4.	\$	\$	%
5.	\$	\$	%

- The Mark-Up is the percentage of your purchase price that you add to get your selling price.
- Please include GST in each price component.



For Manufacturing/Service Businesses:

Product/Service	Material Price +	Labour Costs =	Total Costs of Sales	Selling Price	Mark-Up %
1.	\$	\$	\$	\$	%
2.	\$	\$	\$	\$	%
3.	\$	\$	\$	\$	%
4.	\$	\$	\$	\$	%
5.	\$	\$	\$	\$	%

- Please include GST in each price component.
- Please add the value of the Material Price to your Labour Costs.

How did you calculate your mark-up%?

Are your prices higher or lower than those of your competitors? Higher Lower

Please explain why?

How will you accept payments from your customers?

Cash Credit Card/EFTPOS Direct Bank Deposit Pay by Instalments

Will you offer your customers credit? Yes No

Please explain your answer:

If you offer your customers credit/payment in instalments, what method do you use?

Lay Buy Credit Terms



Please nominate your credit terms:

- Upfront deposit Yes No % of selling price _____%
- Number of instalments (exclusive of deposit)? _____
- Total length of credit? 30 days 60 days 90 days >90 days
- Will you charge interest? Yes No % per month? _____%

How do you assess the creditworthiness of your customers?

How will you handle non-payers?

4. Promotions Strategy

Advertising:

How will you advertise your products / services?

- Newspaper Radio Web
- Magazines TV Pamphlets / Flyers
- Postal advertising (e.g. mail outs) Posters Industry-based releases
- Other, please explain:

Please explain why you think the above are/is the most suitable way of communicating with your target market:

How often will you advertise your products/services?



How will you measure the effectiveness of your advertising activities?

Sales Promotion:

How will you promote your products / services?

- Cash discounts Specials Bulk discounts Exhibitions
- Competitions Coupons Sampling
- Other, please specify:

Please explain your choice of promotional activities:

How often will you do sales promotion in your business?

How will you measure the effectiveness of your sales promotion?

Total Marketing Budget:

What will be your total promotional budget?

Advertising: year one \$ _____ year two: \$ _____

Sales Promotion: year one \$ _____ year two \$ _____

TOTAL BUDGET \$ _____



Establishment Costs

1. Equipment and Machinery Costs:

Equipment already in Possession	Qty	Unit Price	Total Costs	Purchase Date	Life Span	Annual Depreciation %	Annual Costs of Maintenance & Repairs
1.		\$	\$				\$
2.		\$	\$				\$
3.		\$	\$				\$
4.		\$	\$				\$
5.		\$	\$				\$
6.		\$	\$				\$
7.		\$	\$				\$
8.		\$	\$				\$
9.		\$	\$				\$
10.		\$	\$				\$
A. Subtotal			\$				\$
Equipment to be purchased	Qty	Unit Price	Total Costs	Purchase Date	Life Span	Annual Depreciation %	Annual Costs of Maintenance & Repairs
1.		\$	\$				\$
2.		\$	\$				\$
3.		\$	\$				\$
4.		\$	\$				\$
5.		\$	\$				\$
6.		\$	\$				\$
7.		\$	\$				\$
8.		\$	\$				\$
9.		\$	\$				\$
10.		\$	\$				\$
B. Subtotal			\$				\$
Total A + B			\$				\$



2. Personnel [including owner(s)] Costs:

What are your personnel needs?

Full Time Personnel:

Job Title	Number	Wages	Total Monthly Wages	Skills Requirements
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Part Time Personnel:

Job Title	Number	Wages	Total Monthly Wages	Skills Requirements
		4	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Casual Personnel:

Job Title	Number	Wages	Total Monthly Wages	Skills Requirements
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Have you or will you enter into employment contracts with your staff? Yes No

Please comment:



Do you have to train people? Yes No

If yes, at what cost? \$ _____

Please comment:

3. Insurances:

Business Insurance

Have you taken out any insurance coverage in relation to your business? Yes No

If yes, please indicate what type of coverage you have acquired:

If no, please comment:

Personal Insurance

How dependent is the business on you personally? For instance will your business be able to operate when you fall ill, become permanently disabled or pass away?

Will you or have you taken out a long-term personal insurance policy? Yes No

If yes, please indicate what type of insurance (e.g. income protection, life, permanent disability):



If no, how do you plan to cover yourself against risks?

Financial Analysis

Please complete all of the sections attached to this document, including:

1. Cash Flow Forecast.
2. Income Projection Statement.

If you need any assistance in completing these forms, please feel free to contact ENYA.

Thank you for taking the time to complete this business plan. Please check that all of the information provided in this application is correct before returning to ENYA.

Once completed, please return along with copies of any requested documentation and all items listed in the Loan Application Checklist to:

Enterprise Network for Young Australians
Microenterprise Loan
PO Box Q361
QVB NSW 1230

If you require any assistance in completing the Loan Application or the Business Plan, please feel free to contact ENYA toll free on **1300 136 921** or email us at info@enya.org.au.



Income Projection Statement

	First 3 months	2 nd Quarter	3 rd Quarter	4 th Quarter	Annual Total
Total Net Sales					
Revenue					
Gross Profit					
Gross Profit Margin					
Variable Expenses					
Salaries / wages					
Legal / accounting					
Advertising					
Payroll Expenses					
Supplies					
Maintenance					
Motor vehicles					
Subscriptions					
Miscellaneous					
Total Variable Expenses					
Rent					
Depreciation					
Utilities					
Insurance					
Licence / permits					
Loan repayments					
Miscellaneous					
Total Fixed Expenses					
Total Expenses					
Net Profit (loss) before taxes					
Taxes					
Net Profit (loss) after taxes					