|  |  |
| --- | --- |
| Description: E:\MENTORSHIP\Mentorship_Marketing Communications\YBTT Logo Small.png | **Entrepreneur**  **Business Plan** |

## Owner & Business Information

|  |  |  |
| --- | --- | --- |
| Name 1: | Male  Female | D.O.B: |
| Name 2: | Male  Female | D.O.B: |
| Business Name | | |
| Business Address: | Home Address 1: | |
|  |  | |
|  | Home Address 2: | |
|  |  | |
| Business Contact #: | Contact # 1: | |
| Fax #: | Contact # 2 | |
| E-Mail: | Other Email: | |
| Contact Preferences (Phone/Email/Time): | | |
| Click to Place Business Logo (if applicable): | | |

## EXECUTIVE SUMMARY

|  |
| --- |
| 1. **EXECUTIVE SUMMARY** |
| 1. **INDUSTRY BACKGROUND** |
| 1. **BUSINESS GOALS AND OBJECTIVES** |

## PRODUCT/SERVICE – MARKET FIT

|  |
| --- |
| 1. **DEFINE THE PROBLEM OR NEED YOU ARE ADDRESSING** |
| 1. **DESCRIBE YOUR PRODUCT OR SERVICE** |
| 1. **DESCRIBE YOUR TARGET CUSTOMER(S)** |
| 1. **WHAT VALUE DO YOU OFFER OVER YOUR COMPETITION?**  |  |  |  |  | | --- | --- | --- | --- | | **Aspect of the Business** | **My Business** | **Competitor #1** | **Competitor #2** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| 1. **WHAT RESEARCH OR TESTING HAS BEEN DONE?** |

## MARKETING PLAN

|  |
| --- |
| 1. **How do you intend to get customers?** 2. **How do you intend to keep customers?** |

## BUSINESS Operations

|  |
| --- |
| 1. **Describe your Team** |
| 1. **What resources are needed for your business to function?** |
| 1. **SWOT Analysis**  |  |  | | --- | --- | | **Strengths** | **Weaknesses** | |  |  | |  |  | |  |  | |  |  | |  |  | | **Opportunities** | **Threats** | |  |  | |  |  | |  |  | |  |  | |  |  | |
| 1. **Describe your business process (from supplier to customer)** |

## Financial Viability

*(Attached Cashflow Projections)*

|  |
| --- |
| 1. **Describe the major cost associated with your business.** |
| 1. **Describe the revenue streams associated with your business.** |
| 1. **How did you come up with your pricing?** |
| 1. **Describe any items to be purchased and why is of value to your business.**  |  |  | | --- | --- | | **Item** | **Value to Business** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

## Overcoming Challenges and next steps

|  |
| --- |
| 1. **Describe business challenges you would have overcome in the past.** |
| 1. **What are the current challenges faced by the business?** |
| 1. **What’s next for the business?** |

## Agreement and Signature

### By submitting this application, I affirm that all the information provided is true.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

### When completed, please send to: **Entrepreneur Development Officer Youth Business Trinidad & Tobago Shop No. 360 Ground Floor East, Center Point Mall, Ramsaran Street, Chaguanas** Or **email us at entrepreneurinfo@ybtt.org**