|  |  |
| --- | --- |
| 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**
	1.
	2.
	3.
	4.
	5.
 |

## 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 OfficerYouth Business Trinidad & TobagoShop No. 360Ground Floor East,Center Point Mall,Ramsaran Street,Chaguanas**Or **email us at entrepreneurinfo@ybtt.org**