# bc credit union business anner



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# Welcome to the Bulkley Valley Credit Union Business Plan.

This tool can help your business succeed by assisting you to analyze your business strategy, the market which you operate in, and your financial plan. At the same time, it will help us to better understand your business, your goals, and the role that your credit union can play in helping you achieve them. The process is simple. Either print out the business plan and fill it in by hand, or take advantage of our interactive form and complete the PDF document online. In this case, please ensure that you have carefully read the instructions provided, explaining how to save and reload your document.

Then, when you are finished, either fax, or drop it off at our nearest branch. If you would like one of our commercial account managers to review your business plan, they would be happy to do so.



Please describe what your business does and the environment that your business operates in. Along with your business strategy, this will help you, as well as us, gain a better understanding of the factors important to the success of your business. If you require more space, please feel free to attach additional pages.

#### 1.1 YOUR BUSINESS

Details			
REGISTERED BUSINESS N	IAME		
BUSINESS OPERATING NA	AME		
BUSINESS ADDRESS			
MAILING ADDRESS			
TELEPHONE		FACSIMILE	
CELLULAR			
EMAIL			
WEBSITE			
DATE ESTABLISHED		CURRENT OWNERSHIP SIN	ICE
Form of business (ch	hoose one)		
○ Corporation	○ Sole proprietorship	○ Co-operative	<ul> <li>Incorporated association</li> </ul>
○ Partnership	○ Society	○ Other	
Industry sector (cho	ose one)		
○ Retail	○ Service	○ Other	
○ Manufacturing	○ Franchise		
Current financial ins	titution(s)		
Company owners			
LEGAL NAME			
BUSINESS NAME			
TITLE			% OWNERSHIP
			,
Rusinasa invalvamar	n.t	○ Full time	O Bart time

Accountant
NAME
ADDRESS
TELEPHONE   FACSIMILE
EMAIL
FISCAL YEAR END
Date of most recent formal accountant prepared financial statements or corporate income tax return
Latest interim statements (if applicable)
Lawyers
NAME
ADDRESS
TELEPHONE   FACSIMILE
EMAIL
BUSINESS ENVIRONMENT
Product
What is your product or service? How will it be made?
Where will you obtain raw materials?
How will the demand for your product or service evolve or change?

1.2

	Will you rely on skilled or un-skilled labour? If skilled, where and how is training and accreditation obtained?
	What are the sources of your labour?
	Which industry associations have you joined?
	Suppliers
	Who are your primary suppliers?
1	NAME
	ADDRESS
2	NAME
	ADDRESS
3	NAME
	ADDRESS
4	NAME
	ADDRESS
	Have you negotiated terms with these suppliers?
	Industry
	Describe the total size of your industry
	Potential sales

Number of customers
Describe any trends that affect your industry (e.g. seasonal, government regulations)
Has the industry been growing, declining or steady in recent years?
What factors (global or local) have determined the above?
What is the long-term outlook for your industry?
How will this affect your business?
Market
Describe your target market
Estimate the size of this market (gross sales and units or services sold)
What is your share of that market?
Describe the type of people that are likely to purchase your product or service

#### **Products and Services**

What makes your product or service unique (i.e. your competitive advantage)?		
What benefits will your customers gain by purchasing your product or service?		
Describe the price structures (mark-ups, commissions, etc.) that are typically used in your industry.		
Describe the distribution methods (wholesalers, agents, etc.) that are typically used in your industry.		
Provide a brief description of your skills, knowledge or experience in this industry.		
Competition		
Who are your direct competitors?		
What are their strengths and weaknesses? Compare their service or product to yours.		

	What are your weaknesses?						
	How do you intend to deal with these weaknesses?						
	Risk						
	What risk do yo	ou face in pr	oducing your product or	service?			
	How do you int	tend to minir	nize this risk?				
.3	SALES AND I	MARKETIN	G				
	Advertising and	Promotion					
	How will you advertise or promote your product?						
	Identify the me	edia you will	use and the associated	costs (choos	se those that apply)		
		Φ.		\$	Othor		
	□ Newspapers	\$	□ Magazines	Ψ	□ Other	\$	
	<ul><li>□ Newspapers</li><li>□ Radio</li></ul>	\$	□ Magazines □ Television	\$	□ Other	<b>\$</b>	
		\$			□ Other	\$	
	□ Radio  Customers and	\$ Distribution			□ Other	\$	
	□ Radio  Customers and	\$ Distribution	□ Television		□ Other	\$	

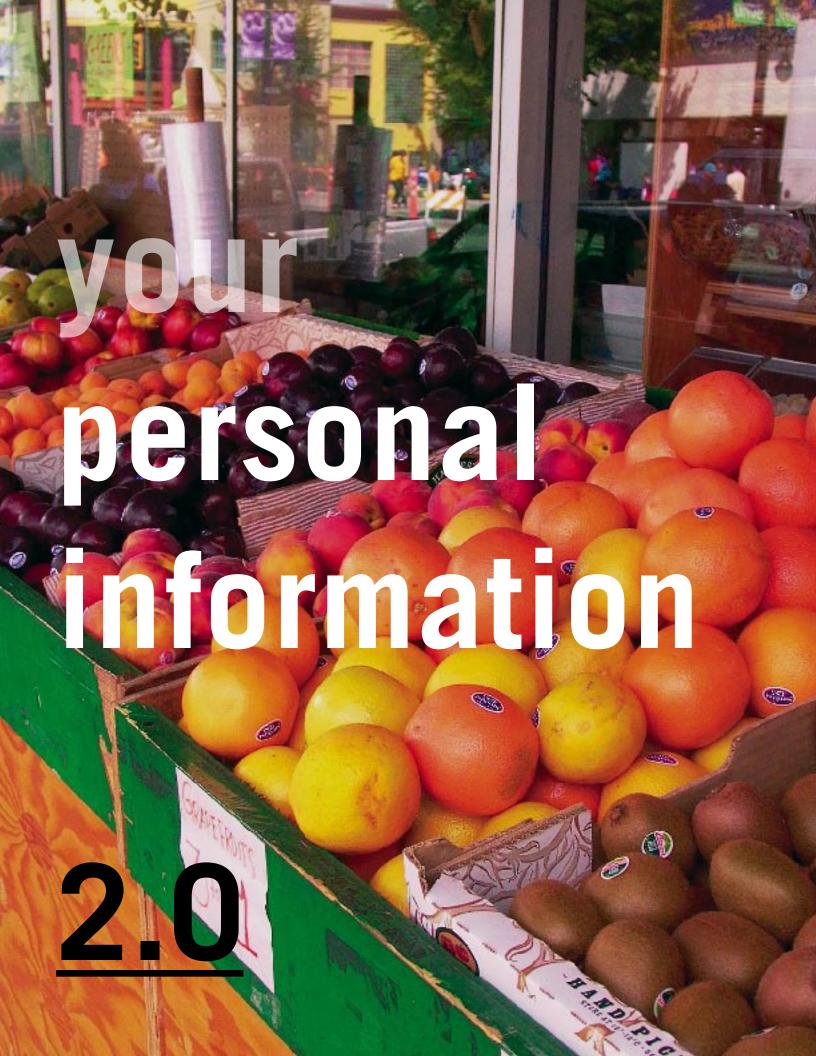
What terms are you prepared to offer your customers? (e.g., net 30 days)
What is your customer service policy? (e.g., guarantees, warranties, layaway plans, return policies, et
Pricing
What is your pricing strategy?
How did you arrive at this and why?
How is your competition priced?
OPERATING PLAN
Financing Requirements
How much of your own funds have you invested in your business to date?
What was the source of this investment?
Do you think there will be a need for large further expenditures in the near future?

Do you need to borrow money? If yes, list the amount.				
○ Yes \$	○ No			
What type of financing do you require?				
☐ Operating line of credit/overdraft protection	□ Equipment loan or lease			
□ Loan for real estate	□ Credit card(s)			
□ Other				
Location				
How much space will your business require?				
non maen epace um year zaemese require.				
Have you chosen a location?				
○ Yes ○ No				
What will this space cost?				
\$				
Terms?				
○ Lease ○ Month-to-month				
What are the advantages/disadvantages of the loc	cation that you have chosen?			
Has an environmental inspection (e.g. Level I, II,	II) been done on the property?			
○ Yes (Please list the firm below.)	○ No			
ENGINEERING FIRM				
ADDRESS				
·	FACSIMILE			
TELEPHONE	TAGSTWILE			

# **Employees**

Please list any employees that will be working with you.

1	NAME
	JOB TITLE
	RESPONSIBILITIES
	QUALIFICATIONS
2	NAME
	JOB TITLE
	RESPONSIBILITIES
	QUALIFICATIONS
3	NAME
	JOB TITLE
	RESPONSIBILITIES
	QUALIFICATIONS
4	NAME
	JOB TITLE
	RESPONSIBILITIES
	QUALIFICATIONS
5	NAME
	JOB TITLE
	RESPONSIBILITIES
	QUALIFICATIONS
6	NAME
	JOB TITLE
	RESPONSIBILITIES
	QUALIFICATIONS
	Do you exepct to hire anyone else in the near future?
	○ Yes ○ No



Along with your business, it is important to understand your own financial strengths. This will help determine the right financial strategy to meet your business needs. Please include the value of your spouse's assets in the personal financial statement below.

Name	
Education and qualifications	
Applicable skills and/or trades	
Employment history	
Personal reference(s)	
NAME	TITLE
COMPANY	
ADDRESS	
TELEPHONE   NAME	TITLE
COMPANY	THEE
ADDRESS	
TELEPHONE	
NAME	TITLE
COMPANY	
ADDRESS	
TELEBRONE	

1

# 2.1 PERSONAL FINANCIAL STATEMENT

Assets	Amount
Cash	\$
Account balances	
RRSPs	
Home	
Other real estate	
Vehicles	
Other assets (specify)	
Total assets	\$

Liabilities Balance		Balance	Minimum Monthly Paymen	
Home mortgage	\$		\$	
Mortgage on other real estate				
Personal loans				
Personal line of credit				
Credit cards				
Other (specify)				
Total liabilities	\$			
Total monthly liabilities			\$	
Net worth (total assets - total liabilities)	\$			

# 2.2 DESCRIPTION OF ASSETS, LIABILITIES AND INCOME

Investment portfolio details

1	FINANCIAL INSTITUTION
	HOLDINGS
2	FINANCIAL INSTITUTION
	HOLDINGS
3	FINANCIAL INSTITUTION
	HOLDINGS

M	ori	tga	ge	d	ei	aii	S
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FINANCIAL INSTITUTION	
BALANCE OUTSTANDING	REPAYMENT TERMS
MATURITY DATE	CURRENT MARKET VALUE
ORIGINAL PURCHASE DATE AN	ID PRICE
REGISTERED OWNERS	
Personal loans and lines	s of credit
FINANCIAL INSTITUTION	
LIMIT (IF LOC)	
BALANCE OUTSTANDING	REPAYMENT TERMS
SECURITY HELD	
PURPOSE	
Credit cards held and ou	utstanding balances on each
CARD	
LIMIT	
OUTSTANDING BALANCE	
CARD	
LIMIT	
OUTSTANDING BALANCE	
CARD	
LIMIT	
OUTSTANDING BALANCE	
Have you co-signed or g	uaranteed any other liabilities?
○ Yes (Please describe below.)	) O No
Do you or your spouse re	eceive income from any sources outside of the business?
○ Yes (Please describe from	where and how much below.) ONo
Is this income expected to co	ontinue?
∩ Vas	$\cap$ No

2

3

Yes (Please provide details below.)	○ No	
Are there any outstanding legal actions a	iganist you or your spouse:	



This section will help you prepare the financial component of your business plan by guiding you through a Business Balance Statement, a Business Income Statement, and a Business Cash Flow Forecast. If you already have financial plans for your business please disregard this section and submit the most current statements separately to your nearest branch. If you are starting your business, please fill in only the Cash Flow Forecast section.

#### 3.1 BUSINESS BALANCE STATEMENT

A balance sheet gives you the financial picture of your business at one point in time. It is an indication of your business' assets and liabilities, as well as shareholder equity – i.e. the capital invested into your business.

	Year 20	Year 20	Year 20
ASSETS			
Current Assets			
Cash and equivalent	\$	\$	\$
Accounts receivable			
Inventory			
Prepaid expenses			
Total current assets	\$	\$	\$
Fixed Assets			
Land and building	\$	\$	\$
Equipment			
Minus depreciation			
Total fixed assets	\$	\$	\$
Intangible assets			
Goodwill	\$	\$	\$
Patents			
Other			
Total intangible assets	\$	\$	\$
Total assets	\$	\$	\$

	Year 20	Year 20	Year 20
LIABILITIES & SHAREHOLDER EQUITY			
Current liabilities			
Short-term debt	\$	\$	\$
Accounts payable			
Income taxes payable			
Long-term debt due within one year			
Other			
Total current liabilities	\$	\$	\$
Long-term liabilities			
Long-term debt			
Other liabilities			
Total long-term liabilities	\$	\$	\$
Total liabilities	\$	\$	\$
Shareholder equity			
Cash equity contribution	\$	\$	\$
Authorized stock/share capital			
Retained earnings			
Total shareholders' equity	\$	\$	\$
Total liabilities and			
shareholder equity	\$	\$	\$

#### 3.2 BUSINESS INCOME STATEMENT

An income statement outlines your revenue, expenses and profits over a defined period. If you are in the process of beginning your business, please estimate these on a quarterly basis. If your business is already established, please attach income statements for the previous three years, or alternatively, fill in the statement below for the past three years.

	Q1 or Year 20	Q2 or Year 20	Q3 or Year 20	Q4 or Year 20	Annual Totals (if applicable)
Sales	\$	\$	\$	\$	\$
Minus: Cost of goods sold					
Gross Profit Margin	\$	\$	\$	\$	\$
Minus: Selling expenses	\$	\$	\$	\$	\$
Minus: Office expenses					
Minus: Payroll expenses					
Minus: Interest expenses					
Minus: General expenses					
Total operating expenses	\$	\$	\$	\$	\$
Operating profit	\$	\$	\$	\$	\$
Minus: Taxes payable					
Minus: Owner's salary/dividends					
Minus: Depreciation					
Minus: Other					
Subtotal	\$	\$	\$	\$	\$
Net income	\$	\$	\$	\$	\$

# 3.3 CASH FLOW FORECAST

A cash flow forecast shows your estimated sources of business revenue and your projected business expenses on a monthly basis over the course of one year. If you are starting a new business, please project the following information for the next 12 months.

	Month					
	1	2	3	4	5	6
CASH RECEIPTS						
From:	\$	\$	\$	\$	\$	\$
From:						
From:						
Sub-total cash from sales	\$	\$	\$	\$	\$	\$
Minus: Current month	\$	\$	\$	\$	\$	\$
Minus: Previous month						
Loan proceeds						
Cash equity contribution						
Other cash received						
Total cash receipts	\$	\$	\$	\$	\$	\$
CASH DISBURSEMENTS						
Inventory purchase	\$	\$	\$	\$	\$	\$
Fixed asset purchase (e.g., equipment; leases)						
Production materials						
Rent/Utilities						
Salaries						
Insurance						
Marketing						
Bank interest						
Principal portion of long-term debt						
Service charges						
Taxes						
Other						
Total cash disbursements	\$	\$	\$	\$	\$	\$
NET CASH POSITION						
Monthly surplus (or deficit)	\$	\$	\$	\$	\$	\$
Cumulative cash flow (or deficit) to date	\$	\$	\$	\$	\$	<b>\$</b>

#### Month

	7	8	9	10	11	12	Total
CASH RECEIPTS							
From:	\$	\$	\$	\$	\$	\$	\$
From:							
From:							
Sub-total cash from sales							
Minus: Current month							
Minus: Previous month							
Loan proceeds							
Cash equity contribution							
Other cash received							
Total cash receipts	\$	\$	\$	\$	\$	\$	\$
CASH DISBURSEMENTS							
Inventory purchase	\$	\$	\$	\$	\$	\$	\$
Fixed asset purchase (e.g. equipment; leases)							
Production materials							
Rent							
Salaries							
Insurance							
Marketing							
Bank interest							
Principal portion of long-term debt							
Service charges							
Taxes							
Other							
Total cash disbursements	\$	\$	\$	\$	\$	\$	\$
NET CASH POSITION							
Monthly Surplus (or deficit)	\$	\$	\$	\$	\$	\$	\$
Cumulative cash flow (or deficit) to date	\$	\$	\$	\$	\$	\$	\$

Where do you ex	rpect your busir	ness to be in oi	ne year?		
Three years?					
Five years?					

### Congratulations!

You have now completed your Business Plan. If you would like to forward this to your Commercial Account Manager, please print this document and either fax it to, or drop it off at your local credit union. We would be happy to meet with you, and discuss your business plan and your needs!