



Small Business Questionnaire for BizFitSF

Business Name

Business Address

Type of business (products, services etc.)

Business Owner Name

Telephone & Email

Information Regarding the Business

1. Years in business?

2. How long do you have left on your lease?

3. Do you have business liability insurance?

4. What is the year of your last income tax returns filing?

5. What are the goals of your business for the next two years?

6. In what areas would you like to receive assistance?

loans

business operations

accounting marketing

permits and regulations

other

BizFit Challenge Self Assessment

Program Description

The goal of the BizFit Challenge is to strengthen neighborhood commercial corridors by providing concentrated and tailored technical assistance to address individual needs of existing businesses and ensure that they are healthy and can grow in the context of the neighborhood landscape. Businesses that participate in the program may benefit from increased sales, local job creation, improved sustainability of the business and access to grant funding to implement their customized development plan.

Businesses selected to participate in the BizFitChallenge will be willing and able to do the following:

- > Invest extra time into improving your business
- > Invest sweat equity into making physical improvements in your business, and
- > Invest resources into purchasing materials and in new systems

Criteria for Participation

Circle

Criteria for Participation	Yes	No
1. Is your business a groundfloor storefront retail business?	Yes	No
2. Would you be willing to attend a 4-hour seminar on retail management in your neighborhood at no cost to you?	Yes	No
3. Are you willing to commit to obtaining a long-term lease?	Yes	No
4. Are you willing to set aside 1-2 hours per week to meet with the marketing, finance and merchandizing consultants for a period of about 3 months?	Yes	No
5. Are you willing to create positive change in the business by: investing extra time into improving the business; investing sweat equity into making physical improvements in the business; investing a small amount of money into purchasing materials and investing in new systems?	Yes	No
6. Would you be supported by your family and/or employees while you are participating in this business program?	Yes	No
7. Are you are willing to agree to an individualized plan with achievable goals and benchmarks for your success?	Yes	No
8. If you answered Yes to the above, please list hours available per week to meet with a Business Advisor (free of charge to you) in a 2-month period.		