



The \_\_\_\_\_ Foundation

## BUSINESS PLAN QUESTIONNAIRE WORKSHEET

*Welcome to the \_\_\_\_\_ grant submission process. Below, you will find the Business Plan Questionnaire Worksheet. This worksheet will help you to provide the necessary information needed for your grant funding request and the development of your business plan. It will also assist our organization in learning more about your company and the product and service you provide. The information you provide will determine the affirmation or denial of your funding and how much funding you will possibly receive.*

*Please complete this worksheet in its entirety. Please do not leave any question blank. Place (N/A) if something does not apply to you. You will have 5 days to complete this form from the time it was given. Once completed, you will submit your form to \_\_\_\_\_ at \_\_\_\_\_. Once received, our Grant Oversight Committee will review your form. After review, someone from the Grant Oversight Committee will contact you within 7-10 business days regarding your funding request and next steps. Please direct all questions pertaining to this document to \_\_\_\_\_ via \_\_\_\_\_. Again, welcome!*

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### Company Information

Company Name: Justice Supportive Housing Services INC

Company Contact Person: Kisha Horton

Company Phone Number: 214-6127038

Company E-mail Address: Kishahorton@jshousingservicesinc.org

Company Legal structure: INC

Company Website Address: www.jshousingservicesinc.org

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### SECTION 1

**1. What is the name of your product/service? What does your product or service do and how does it work? Who is your ideal client or customer and how does your product or service meet their needs? Please provide a detailed description below.**

**Justice Supportive Housing Services Inc. is a non-profit organization that provides transitional housing and supportive services to individuals who are at risk of being homeless or in need of supportive services and referrals.**

4. List 3-4 cities that your business is targeting.

We are targeting Dallas-Fort Worth Metropolitan Area

5. What is the reason behind you starting your business? Include your mission statement.

Our mission is to provide a safe and supportive living environment that fosters positive change, personal growth, and successful reintegration into the community.

We strive to create a community where all members are treated with compassion, respect, and dignity. Justice Supportive Housing Services INC mission is to provide safe and affordable housing for those in need. We strive to create supportive communities where residents can thrive. Our hope is that by providing stability and opportunity, our residents will be able to lead fulfilling and productive lives.

6. What is the base city and state and/or country of your company? Please include your complete mailing address.

785 W. Wheatland Rd. Suite 136  
Duncanville, TX 75116

However we are providing services to the Dallas Metroplex

7. Who is the competition in your industry and what do they do?

American Addiction Centers IS OUR MAJOR COMPETITOR. They provide psychiatric and addiction treatment centers all across America and in every major city. We believe that having distinctive marks that are registered and readily identifiable is an important factor in identifying and differentiating our brand from our competitors and will help propel our new brand.

8. Does your company use a website for e-commerce? If yes, describe your ecommerce platform and include your website address.

N/A

9. How many years of experience does your company have in your industry?

The company is a start up but the owner has more than 25 years in the industry.

10. Provide a short biography of your company.

With over 25 years of personal and professional experience in substance abuse, CEO, Kisha Horton brings a diverse perspective with a specialization in substance abuse/recovery, training, and supervision. As a previous Program Manager, Crisis Counselor, Treatment Advocate Supervisor, and Behavioral Health Tech, Kisha's vision for Justice Supportive Housing Services, Inc. provides solutions, support, and strategy to meet the needs of individuals who are at risk of homelessness and in need of supportive services.

11. Are you looking for an investor? If yes, answer the following questions:

- How much are you asking from your investor? \$20 million
- How much are you selling your product for? N/A
- What is the amount of revenue you expect to generate in the first year of operation?

**Year 1**

**Patient Count 144**

**Revenue \$5,775,500**

**EBITDA \$1,331,079**

**Revenue Per Patient \$40,108**

**EBITDA Per Patient \$9,244**

**EBITDA Margin 23%**

**12. Is this a home-based business? If no, how much is the lease for your office structure?**

**\$96k yr**

**13. What are the monthly expenses you expect to incur? Please list them along with the cost. Include other expenses that may not be included below:**

**Monthly expenses:**

Rent: \$96k

Phone: \$3200 month

Website: \$1500 month maintenance

Advertising: \*MARKETING & BUSINESS DEVELOPMENT BUDGET\*

CAP. \$20M | Monthly 1.5%

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0.75% - Advertising (Billboards, T.V, Local Municipal Areas, Public Transportation & Google Ads)

- Targeting High Traffic Areas

0.75% - Business Development Team (Salary)

- Sales

- SEO

- Brand Development

- Designers

- Managers & Staff

Office Supply: \$12k

Insurance: ?

14. Are there any assets or liabilities that you presently have? If yes, please list them.

None

15. Every business, product, or service needs a marketing strategy and plan. Briefly explain yours.

We will utilize social media platforms , leverage partnership with the court system and host networking events.

16. What are the strengths, weaknesses, opportunities, and threats to your product or service?

There are several strengths of our service. The services offered by Justice Supportive Housing Services, Inc. will create a personalized experience for those in need. Our program seeks to support individuals beyond recovery through education programs, workforce development programs, employment assistance, financial literacy programs, basic needs projects and developing life skills. Other organizations that have been established longer in time may be a competitor within the market; however, this organization believes in the power of community and partnerships.

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## SECTION 2 (FINANCIAL ANALYSIS)

Provide answers to the following:

1. How much net profit are you anticipating to make in the following years

	Year 1	Year 2	Year 3	Year 4	Year 5
Patient Count	144	240	240	240	240
Revenue	\$5,775,500	\$14,154,150	\$14,908,200	\$14,908,200	\$14,908,200
EBITDA	\$1,331,079	\$5,010,136	\$5,585,237	\$5,585,237	\$5,585,237

Revenue Per Patient \$40,108 \$58,976 \$62,118 \$62,118 \$62,118  
EBITDA Per Patient \$9,244 \$20,876 \$23,272 \$23,272 \$23,272 EBITDA Margin 23% 35%  
37% 37% 37%

2. List some expenses you would incur in the course of operation. Please indicate a dollar amount for each monthly or yearly expense. This may or may not include information in section one.

I have in attachment

3. At what rate would you be offering your services? Include the profit margin percentage.

4. Who are your staff members? Please list the position and salary scale of each staff member.

5. Do you currently have any form of loans or investments? If yes, give the interest rate percentage.

None

6. Please list the following information below: I have all this

1. Startup costs:
2. Requirements:
3. Startup Expenses:
4. Legal Costs:
5. Stationery:
6. Insurance:
7. Rent:
8. Computer:
9. Other:

Total Startup Expenses \_\_\_\_\_

1. Startup Assets:
2. Cash Required:
3. Startup Inventory:
4. Other Current Assets:
5. Long-term Assets:
6. Total Assets:

Total Requirements \_\_\_\_\_

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SECTION 3 (MILESTONES/VISION)

**Share the milestones and vision of your funding request. This gives our organization a view of programs, activities, and outcomes of who your funding will serve and how it will be used for humanitarian purposes. This portion does not have to be lengthy, however, it does need to tell the narrative of your funding request. What is the “why” behind what you are proposing to do? Please list the following in your narrative:**

1. Specific programs and services you will provide.

**This will be accomplished through the use of personalized counseling services, ongoing community outreach, and accountability efforts such as documentation checks, mentor check-ins, and observable goals.**

2. Goals and objectives of each product, program, and service you will provide.

**Upon completion of the program, participants will be awarded a certificate of completion.**

3. Name(s) of person and/or people responsible for each program.

4. Milestone date and a budget of each program or service

**Please Note: All of the above information is very important. We know that some of your numbers may vary. However, please make your numbers as accurate as possible. While some of your numbers may be estimates, the financial plan will be based on the estimate given.**

***WE WELCOME ANY AND ALL OTHER RELEVANT INFORMATION THAT WILL HELP WHILE PREPARING YOUR BUSINESS PLAN THAT WILL BE SUBMITTED TO OUR GRANT OVERSIGHT COMMITTEE AND BUSINESS PLAN DEVELOPERS.***