**(Include Logo in Header)**

**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 Oversite Committee will review your form. After review, someone from the Grant Oversite 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:

Company Contact Person:

Company Phone Number:

Company E-mail Address:

Company Legal structure:

Company Website Address

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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.**

**We provide a full continuum of services like detox, residential treatment, transitional housing and supportive housing services for adult male and females who are struggling with housing and chemical dependencies. Our typical client or customer with an addiction or in need of housing and anyone with private insurance or the ability to pay for treatment at our facilities. How do we meet their needs? We provide medical and psychiatric care, holistic therapy options.**

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

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

**Our Mission is to provide families with help and hope, to restore, rebuild and renew individuals in a safe and stable enviroment.**

**The primary focus of any Center is to help individuals struggling with alcohol and drug addiction by restoring them to lives of constructive purpose and personal satisfaction. Chemical dependency destroys families, ruins careers and compromises human dignity and self-esteem, affecting the lives of more than fifty million Americans each year.**

**Our typical centers are planned to be comprehensive rehabilitation facilities. Our goal is twofold; to treat chemical dependency as a medical disease through providing a solid twelve step foundation and secondly to treat the underlying emotional and psychological disorders (i.e. anxiety, depression, anger, grief, and childhood trauma) problems that often undermine recovery.**

**The centers will offer a wide variety of treatment modalities to meet the needs of each and every chemical dependent patient’s care including:**

 **∙ Detoxification**

**∙ Residential Treatment**

**∙ Partial Hospitalization (day and evening programs)**

**∙ Intensive Outpatient**

**∙ Outpatient Services**

**∙ Dual Diagnosis/Mental health/PHP**

**. Transitional Housing**

**. Supportive housing services**

**. Transportation**

**. Vocational Rehab**

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

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

 **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 owners have more than 5 years in the industry.**

**10. Provide a short biography of your company.**

**We have been registered in May of 2022, but I have been involved with the recovery and housing industry inadvertently for the last 5 years. My passion has always been to help the most vulnerable persons of society regain their lives back. My personal journey started with family members that suffer from mental health issues and I have always been the one reaching out and helping in some capacity.**

**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 not, 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 develop a call center**

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

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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: $20 million**
2. **Requirements: $18 million**
3. **Startup Expenses: $2 million**
4. **Legal Costs: $700k**
5. **Stationery: $2000**
6. **Insurance:$ 8500**
7. **Rent:$ 5700**
8. **Computer: $5000**
9. **Other: Misc**

**Total Startup Expenses\_\_\_\_\_\_\_$40 million\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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.
2. Goals and objectives of each product, program, and service you will provide.
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 OVERSITE COMMITTEE AND BUSINESS PLAN DEVLOPERS.***